

Los Angeles County **Board of Supervisors**

July 10, 2007

Gloria Molina First District

Yvonne B. Burke Second District

TO:

Each Supervisor

Zev Yaroslavsky Third District

FROM:

Bruce A. Chemof, M.D.

Director and Chief Medical/Officer

Don Knabe Fourth District Michael D. Antonovich

Fifth District

SUBJECT:

ATTACHED CMS PLAN OF CORRECTION

Wh for

DOCUMENTSFOR MLK, JR.-HARBOR

Bruce A. Chernof, MD Director and Chief Medical Officer

> John R. Cochran III Chief Deputy Director

Robert G. Splawn, MD Senior Medical Director Attached is one of two CMS Form 2567 Plan of Correction documents submitted today by MLK, Jr-Harbor Hospital as required to address the findings of the CMS survey of June 7, 2007 that were originally related to the neurosurgery transfer delay case. This Plan addresses the Medicare Conditions of Participation issues identified by CMS in this survey.

313 N. Figueroa Street, Suite 912 Los Angeles, CA 90012

Tel: (213) 240-8101 Fax: (213) 481-0503

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To improve health

through leadership, service and education. We have enclosed the entire Plan of Correction but not the related attachments, which are the policies, procedures and other documents related to the description included in the Plan.

In addition to this PDF version being forwarded to you tonight, we will also forward a hard copy version to your office tomorrow morning.

There will be a second CMS Form 2567 Plan of Correction that is being submitted today that will be sent in a PDF format late this evening to you that will be addressing the EMTALA violations identified on the same June 7, 2007 survey.

To avoid disrupting your computer system, we are sending this document in three parts.

If you have any questions regarding either of these documents, please contact John Cochran at 213 240 7926 or jcochran@ladhs.org.

BAC:jrc

Attachment

David E. Janssen C: John R. Cochran, III Sharon F. Grigsby





July 10, 2007

Los Angeles County Board of Supervisors

VIA FACSIMILE and UNITED STATES MAIL

Gioria Molina First District

Yvonne B. Burke Second District

Zev Yaroslavsky

Don Knabe Footh District

Michael D. Antonovich

Antionette Smith Epps
Administrator

Robert G. Splawn, MD Interim Chief Medical Officer

Dellone Pascascio, RN Chief Nursing Officer

12021 S. Wilmington Avenue Los Angeles, CA 90059

> Tel: (310) 668-5201 Fax: (310) 638-8193

To provide compassionate, high quality care that improves the health status of our patients, their families and the communities we serve without regard to ability to pay

Health Service

Steven D. Chickering
Western Consortium Survey and Certification Officer
Division of Survey and Certification
Centers for Medicare and Medicaid Services
90 7th Street, Suite 5-300(SW)
San Francisco, CA 94103-6707

RE:

Complete Survey Findings for Martin Luther King Jr.-Harbor Hospital, CCN: 05-0578

Dear Mr. Chickering:

Enclosed for your consideration are the Plans of Correction prepared by Martin Luther King Jr.-Harbor Hospital ("MLK-Harbor"), Provider No. 05-0578, in response to the Centers for Medicare and Medicaid Services' ("CMS") June 25, 2007, transmittal of the complete findings of its June 7, 2007 survey. One Plan of Correction relates to the five conditions of participation with which MLK-Harbor was found out of compliance, and the other relates to findings under EMTALA. Also enclosed are a series of attachments containing documents which substantiate the various corrective actions discussed in the Plans of Correction. It is our belief that these Plans of Correction, when considered in conjunction with the supporting attachments, contain credible evidence that the circumstances which led CMS to conclude that MLK-Harbor was out of compliance with the terms of its Medicare Provider Agreement have been remedied. Indeed, we note that CMS itself validated that many of the corrective actions have been taken, and that such corrections were sufficient to remove any immediate jeopardy to the health and safety of MLK-Harbor's patients.

As described in more detail in the attached documents, the corrective actions taken were varied, ranging from training categories of employees in matters such as pain management and documentation, to restructuring the triage process to increase the speed with which patients received a medical screening exam. Importantly, physician assistants were removed completely from patient care roles in the Emergency Department, including urgent care areas, and a process for collecting and trending data on waiting times, including those experienced by psychiatric patients, in the Emergency Department has been initiated.

Although generally correct, the survey findings were inaccurate on a few points and accordingly, corrective actions were not created for certain findings. More particularly, finding 5 under Tag A028, and the identical finding 4 under Tag A156, and under Tag A157, and a related finding under Tag A455, page 53 are factually incorrect. In those findings, the surveyors stated that the hospital failed to take corrective actions after learning of problems transferring Patient #50 who required neurosurgery, because a plan had not yet been implemented. However, by June 7, 2007, the hospital had fully developed and implemented a plan for assuring that these patients would be promptly transferred to either LAC+USC Medical Center or Harbor-UCLA Medical Center on a rotating basis. This plan includes a mechanism to identify and mitigate issues identified with any pending transfers. Evidence reflecting

Chickering Letter July 9, 2007 Page 2

this can be provided to you on request. Thus, the hospital did satisfy its duty to assure that other patients did not experience the same transfer problems as did Patient #50.1

Additionally, we did not provide a response to the findings related to patient #23 under Tag A455 for the reasons discussed in my letter dated June 18, 2007. We believe that the care to this patient was proper.

Finally, we note that the surveyors expressed concerns over staffing in the Emergency Department in light of sometimes extended waiting times. Although a corrective action was developed to address this concern, we want you to be aware that factors other than staffing contribute to waiting times. These include spikes in normal workload, physical space limitations in emergency department treatment areas which have been exacerbated by the reduced number of inpatient beds on site, and the workload of ancillary departments. While these factors are managed and mitigated to the extent possible, some waiting is an unavoidable part of the process of obtaining medical care.

Based on these corrective actions, detailed in the attached materials, MLK-Harbor believes that it has taken sufficient steps to assure that the deficiencies cited as support for CMS' termination decision will not recocur, and that, following the resurvey which is planned for sometime within the next month, the decision to terminate MLK-Harbor's participation in Medicare may be withdrawn.

If you have any questions about the forgoing, please do not hesitate to contact me.

Very truly yours,

Antionette Smith Epps Hospital Administrator

Cc: Jacqueline Lincer

^{1.} We note that although the survey findings suggest that the surveyors believed that difficulties were incurred in transferring another patient, Patient #36, who required neurosurgery related to the repair of a malfunctioning shunt, this is not the case. Although a transfer was originally recommended for this patient, further testing revealed that that the shunt was not defective and that the patient's condition stemmed from other causes.

PRINTED: 06/22/2007 FORM APPROVED OMB NO: 0938-0391

STATEMENT OF DEFICIENCIES · QUANTILISM OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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•	Department of Heat survey conducted of survey of 6/7/07. Representing the DRN, HFES, Barbard Sanford Weinstein, The original documinvestigation #M802 sample size of 60. If reviewed for this sample original documing the	the structure of the the Services during a complaint concurrently with the EMTALA repartment were Jo Ann Dalby, a Mellor, RN, HFEN and MD, Medical Consultant. The prepared for the Z11, identified a patient Eight additional patients were implesize of 68. The prepared for the Z11, identified a patient were implesize of 68. The prepared for the Z11, identified a patient were implesize of 68. The prepared for the Z11, identified a patient were implesize of 68. The prepared for the Z11, identified a patient were implesize of 68. The prepared for the Z11, identified a patient were implesized for the Z11, identified a patient were implested for the Z11, identified a			•	The hospital filed a response and action plan in connection with the immediate threat to patient health on June 18, 2007. CMS lifted its termination date bacorrections described in that document 26, 2007.	findings of and safety sed on the	
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	by-laws, rules and r	ies and procedures (P&P), regulations developed to screening examinations were						(X6) DAT=

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days clowing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 lays following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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•	Based on interview minutes, a review of and a review of hos the governing body responsible for the whole. Findings: 1. The governing be medical staff, province accountable to the	is not met as evidenced by: s, a review of committee of 68 closed medical records spital policies and procedures,			See response to Tag A012, pages 4-5 additional details.	below for		

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•	to the emergency d an emergency med 3. The governing be emergency departer under a contract we effective manner. T ensure that medica	epartment for the evaluation of ical condition. See A0021. Ody failed to ensure that nent services performed ere provided in a safe and he governing body failed to I screening examinations the Emergeony Department		Finding 3: The Governing Body has taken correct assure that ED and other services provice that ED and other services provice that ED and other services provice that ED and other services proving a Quality Improvement Plan covering such services, and approving eliminate the use of Physician Assistan See Tags A0028, A0031 and A0452 for details, pages 7-10 below.	rided under including (QI Plan) actions to uts in the ED.	7/9/07
	were being done by A0028, A0031 and 4. The governing be quality program foc	qualified practitioners. See		Finding 4: The Governing Body approved a new of focuses on high risk, problem prone are hospital including the ED. The Governing provided through the approved QI Plan regularly updated on the operation of the status of various quality improvements See Tag A0143 for additional details pabelow.	eas of the ng Body has that it will be ne plan and on ont activities.	6/21/07
	quality assurance, program correctly is	ody failed to ensure that the performance improvement dentified and set priorities to problem prone areas in the perence A0152.		Finding 5: The Governing Body approved actions each agenda for a clinical department rincludes items to review and set prioritidata on problem prone/high risk areas. additional detail pages 16-18 below.	neeting es for collecting	7/6/07 9
	quality assurance p tracked psychiatric managed in violatio	ody failed to ensure that the rogram correctly identified and emergency patients being n of the hospital's own rules i medical staff by laws. Cross		Finding 6: The Governing Body approved corrective in furtherance of the quality improvement track and trend data relating to the treat psychiatric patients in the ED and to contain an approximation of the treat and practices related to such patients. Some for further details pages 18-21 below.	nt programs to tinent of rrect policies	
	written plan had be	ody failed to ensure that a en formalized and vent recurrence of adverse		Finding 7: The Governing Body has approved active that plans to prevent the reoccurrence opatient events are formalized and implementations formal plans for transforming or transformer.	of adverse mented.	7/9/07

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A 012	patient events. Cro 8. The governing be been notified, and I uncredentialed PA screening examinar room and the urger department. Cross 9. The governing be quality assurance p adverse events to is recurrence of these A0169. The cumulative effe problems resulted i body to ensure the care in a safe envir 482.12(a)(5) MEDIO ACCOUNTABILITY The governing bod staff is accountable quality of care prov This STANDARD Based on interview provided by the hos closed medical rec medical staff failed	cody failed to ensure that it had had approved the use of the care areas of the emergency of the care areas of the emergency of the events. Cross reference extra of these systemic of the inability of the govering delivery of quality medical comment. CAL STAFF - The emergency of the emergency of the emergency of the ided to patients. It is not met as evidenced by: so, a review of documents spital and a review of the ord for Patient # 50, the to be accountable to the the quality of care provide to	AC	012	Finding 8: The Governing Body assured that it wirelevant patient care issues through th implementation of a new QI Plan which regular reporting as well as by placing on key hospital committees. See Tag A 28 below for additional details. Finding 9: The Governing Body approved a new 0 of this plan, consideration must be give addressing adverse events. The Governing Body also approved act that each department includes an evaluation adverse events in its meetings. Immediate Action: The Governing Body, acting through the Health Services, issued a directive to Medical Officer and the President of the cases which disclose systemic issues included in the reports provided to the Body. (Attachment Z) Permanent Action: The monitoring below is designed to as corrective actions remain effective. Monitoring: Hospital Administration will review reports actions are included. Deficiencies will be with PSA President and Medical Administrator.	e includes a representa A0167 pages QI Plan. As pen to properly tions to assumation of the Interim Ce PSA that should be Governing assure that the acts to alsing system e addressed	tive 26- art	6/21/07 6/21/07 7/9/07	
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	management communere no written phy for Patient # 50, no physician contact, a the transfer to be co- Interviews conducte the hospital on 05/0 administrative docu	nittee, who noted that there resician assessments provided attempts at physician to and an excessive wait time for completed. ed with the Medical Director of 01/2007 and a review of an iment of 03/07/2007 and			 The involved physicians were countre ED Medical Director. For ED physicians, the smart charphysician documentation record who tool used to assure consideration clinical questions) was implement improve physician documentation capture encounter times. The ED Medical Director informed physicians at a department meeting followed up with a written directive. 	t (a hinch is a of important ed to and to important ed to and to important ed	6/07 3/07
•	specialty coverage terminate on 02/28, had been made to by "staff surgeons tup specialty neuros intervention by staff Emergency departrinat contractural coand was available, to notify the on call	ed that neurosurgical back up had been scheduled to /2007. However, arrangements extend neurosurgical coverage through 04/2007." Thus, back surgical coverage and is surgeons had been provided. The physicians were unaware everage had been extended the ED physician staff failed neurosurgeon of the presence of required emergent surgical	•		were responsible for assessing all patients and patients waiting for tr beginning of each shift. They were informed of their responsibility to concorning physicians at the end of provide appropriate information as pass on process. Physicians were reminded to document all patients at change of shift and to document patient is care was transferred to concoming physician by name (Atta Permanent Actions: The monitoring below is designed to as the corrective actions remain effective. Monitoring:	ansfer at the also meet with f shift to a part of the also conditions that the achment K).	6/9/07
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A 021	to any medical or present on admissi hospitalization; and is not specifically we doctor of dental surpodiatric medicine, or clinical psycholoby the medical staffilimited, under parawith respect to chimalized the medical staffilimited, and a revirecords, the govern the medical staffilimited are parawith respect to chimalized on a review hospital, and a revirecords, the govern the medical staffilim policies and process (4) psychiatric paties #49) presenting to the evaluation of arcondition. Findings: 1. Patient #3 came at 2130 hours on 0 experiencing audited him to drink bleach Patient #3 was not 0500 hours on 05/0 2. Patient #28 came department with seassessed as having was logged in to the at 2106 hours on 0 instructed to wait in	Medicare patient with respect sychiatric problem that is on or develops during within the scope of practice of a gery, dental medicine, or optometry; a chiropractor; gist, as that scope is defined i; permitted by State law; and graph (c)(1)(v) of this section, opractors. Is not met as evidenced by: of documents from the ew of closed patient medical sing body failed to ensure that aplemented patient care lures for the treatment of four ents (Patient #3, #28, #29 and the emergency department for a emergency medical to the emergency medical to the emergency department 4/30/2007. Patient # 3 was bry hallucinations instructing with the intent of suicide. evaluated by a physician until 1/2007.	A		All Findings Immediate Actions: The Governing Body encouraged and a medical staff revision of the policy entit Management of Psychiatric Patients #1 Emergency Department was revised to needs of psychiatric patients presenting emergency department. The Governing of the fact that the ED nurse manager of service on the revised policy with empty patient never be left alone (Attachment Permanent Action: Use of the monitoring discussed below the deficiency remains permanently concurse manager will provide remedial trapattern of deficient practices is determing the ED Nurse Manager or designee with randomly selected charts each week to appropriateness of triage acuity score to Emergemcy serverity Index, this include patients. The ED Nurse Manager will ac deficiencies with responsible Individuals weekly review will be presented to ED (Committee which will develop corrective will also be presented to the QPIC mone evaluate it, and report it to the Quality executive Committee, which will report Governing Body. Once audits demonstrations are the presented to the Imited to monthly. Responsible Position:	led 18 for the address the g to MLK-H g Body appro- completed in- less that the W). will assure ti rected. The leining when a ned. Il review ten assess for less bychiatric ddress s. Data from Collaborative actions. Da thly, which w Council and and to rate	yed 5/29/07 nat ED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING	(X3) DATE SURVEY COMPLETED	
050578 B. WING	06/07/2007	
NAME OF PROVIDER OR SUPPLIER LAC/MARTIN LUTHER KING JR GEN HOSPITAL STREET ADDRESS, CITY, STATE, ZIP CODE 12021 S WILMINGTON AVE LOS ANGELES, CA 90059		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHO PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHO PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHO PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHO PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHO PROVIDER'S PLAN OF CORRECT PROVIDER'S PLAN O	ULD BE COMPLÉTION	
A 021 Continued From page 6 ED treatment area, the patient's medical screening examination was not initiated until three hours after presenting to the ED. 3. Patient #29 came to the emergency department at 1655 hours on 04/28/2007. Patient #29 was suicidal with a plan and came to the hospital after ingesting an unknown quantity of Elavil, a tricyclic antidepressant medication, known to produce cardiac toxicity in high dosage. Patient #29 was not taken to the treatment area until 1750 hours, and was not evaluated by a physician, until 1800 hours. 4. Patient #49 presented to the emergency department on 3/6/07 at 0302 hours, with a chief complaint of violent behavior, not teking his medications and having auditory hallucinations. The patient had arrived from another local hospital. The patient was identified as leaving without being seen at 0535 hours. Policy and Procedure #118, Management of Psychiatric Patients, mandates that psychiatric patients with assessed risks for being a danger to self, a danger to ot others or gravely disabled, must be taken directly to the treatment area to have a medical screening examination. Cross refer to A 028 for failure to ensure patients were under the care of a physician. A 028 A 028 The governing body must ensure that the services performed under a contract are provided in a safe and effective manner.	because tric service and of now f pending placement les ych risk and with shift. danger to e by name. by of the valiting ent ior hours for evaluation nurse will record the four will se and fficulties book in Individual be and faxed des mental Il be used of the eger will	

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A 021		-	A	021				\Box
	screening examina hours after present				Monitoring: The log book will be reviewed weekly deficiencies and take corrective action necessary. The ED Collaborative Co	on as deemed	h h	
	department at 1655 #29 was suicidal wi hospital after inges	t at 1655 hours on 04/28/2007. Patient data mon appropria as neede		includes members of the medical state data menthly and create corrective a appropriate. Quarterly the QPIC will as needed and report to Quality Cou Committee and as appropriate, Gove	of the medical staff will review the reate corrective actions as the data, or the QPIC will evaluate the data, or to Quality Council and Executive			
	known to produce of Patient #29 was no until 1750 hours, ar	eardiac toxicity in high dosage. It taken to the treatment area and was not evaluated by a			Responsible Position: Chief Nursing Officer ED Nurse Manager			
•	department on 3/6/complaint of violent medications and hat The patient had arr hospital. The patier assigned a classific	ented to the emergency 07 at 0302 hours, with a chief behavior, not taking his eving auditory hallucinations. ived from another local at was triaged by the nurse, eation of Level III and left in the vas identified as leaving			immediate Actions: A multidisciplinary team of ED physic nurses reviewed the current triage profession of that review, the triaging process we provide for a more timely medical screxamination. This process includes to the triage nurse and registration located so that the triaging processing processing the triaging the triaging processing the triaging triaging the triaging triaging the triaging triaging the triaging triaging triaging the triaging triag	rocess. As a creater received to the following: n cierk are coress and the imultaneous in traging acreening received and the patient of the patient of the patient.	esult ed to	6/21/0
•	Psychiatric Patients patients with asses self, a danger to othe be taken directly to medical screening of the second screening	8 for failure to ensure patients			clinical presentation, tests and to crdered and carried out. Patients who are identified as a the time of triage and certain ps will be brought back to the emerarea. At the time of arrival, the E will notify the physician of the paplacing the patient's pseudo nare board along with the patient's promoted the paysician will acknowledge initialing the white board and will	Level 1 and in ychiatric pating gency treatment of charge nustient's arrivation on the white patient by I perform the	I be 2 at ents ent se by te	•
A 028	482.12(e)(1) CONT	RACTED SERVICES	Α	028	medical screening examination a possible. If a patient's condition will verbally notify the physician.	es soon as is critical, the		
		y must ensure that the under a contract are provided ive manner.			Permanent Action: Based on the monitoring process beloeffectiveness of these corrections will necessary adjustments will be made.	ow, the I be evaluate	d. 1f	

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIÉR/CLIA ND PLAN OF CORRECTION (DENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER RTIN LUTHER KING J	R GEN HOSPITAL		1:	REET ADDRESS, CITY, STATE, ZIP CODE 2021 S WILMINGTON AVE OS ANGELES, CA 90059		
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A 028	This STANDARD is Based on interview documents from the closed patient medical screening and level practitions ampled patients (Findings: 1. A review of the reampled patients are emergency departmedical screening and level practitions and level practitions are medical screening and regulations was investigation at the did not specify which provide medical screening examinate department. There present in the PA-C the qualifications as medical screening are me	s not met as evidenced by: s, a review of selected e hospital and a review of 68 ical records, the governing re that the services performed d been provided in a safe and medical records for 11 of 68 elected at random from the nent logs, revealed that examinations were provided by ers, PA-Cs, for Patients #5, e63, #64, #65, #66, #67, #68. pital failed to provide prompt examinations for 11 of 68 Patients #2, #3, #5, #6, #7, #9, , #69). medical staff by-laws, rules as performed during an onsite hospital. These documents th types of practitioners could reening examinations in the ment (ED). There was no neating such privileges for as (PA-C) providing medical tions in the emergency was no documentation c privileging forms to assess and competence to provide examinations in the ment and/or to determine if an	A	028	Immediate Actions: With the concurrence of the Governing Medical Officer notified the ED Medical physician assistants shall no longer perscreening examinations (Attachment B). The ED Medical Director Informed all pressistants by e-mail that they may note medical screening examinations (Attachment B). The Interim Chief Medical Officer also is President of the contractor that Physicial were no longer allowed to provide service the modical provide service of the monitoring discussed below the deficiency remains permanently continued the modical records reviewed daily in the ED to validate the screening examinations are performed. The Chief Medical Officer will be notified discrepancies for immediate corrective consistency has been established monitoring to quarterly. Positions Responsible: ED Medical Director ED Nurse Manager Chief Medical Officer Finding 2: We note that the medical staff rules did adisruption of the practitioners who could medical screening examination. (Attachmedical screening examination. (Attachmedical screening examination. (Attachmedical screening examination.)	Director that form medica). hysician onger perform hment C). Informed the an Assistants ices in the EU will assure the rected. It will be a physicial of a physicial of citoring will be include include include include in perform	6/7/07 6/20/07 5. at

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A 028	Continued From pa	ge 8	, A 02	8			
	were triaged on 5/3 Urgent Care for the examination and tre medical screening of discharge from the patients' medical re evaluated, treated a Urgent Care of the supervision or mon The medical record demonstrate a time department physicis supervising physicis 5/31/07 at approxim stated medical scre Adult Urgent Care of The physician made	3, #64, #65, #66, #67, #68, 0 or 5/31/07 and sent to Adult ir medical screening eatment. Each patient had a examination, treatment and ED performed by a PA-C. The cords revealed they were and discharged from Adult ED prior to the time of itoring by the ED physician. If for each patient failed to de entry by the emergency an, as required by a ean. When interviewed on nately 1030 hours, the PA-C ening examinations in the were provided by the PA-C. It is rounds every two hours to edical record, and subsequent the patient.					
	screening examination treatment are showed the exams	#9 and #15 had their medical tion in the main emergency a. The medical records were performed by PA-Cs. d co-signatures of the records ysician.					
	revealed that medic provided by a recer physicians specializ was further stated t	ed with administrative staff cal care in the ED was being only contracted group of zing in emergency medicine. It hat the physician assistants rgency care areas were part of					
		o for failure to provide prompt evaluations for Patients #2, #3,			.		

	OF DEFICIENCIES '	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI	PLE CONSTRUCTION IG	(X3) DATE SU COMPLET	RVEY TED
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A 028	Continued From pa #5, #6, #7, #9, #26,	ge 9 #36, #49, #50, and #69.	A 028	The Chief Medical Officer notified the E Director that Physician Assistants shall perform medical screening examination	no longer i	6/8/07 t B)
A 031	4/30/07. The goven documented a cont and a plan to provid this plan had not be patient safety issue 482.12(f)(1) EMER. If emergency servid hospital, the hospital requirements of §4	rage to the hospital expired on hing body meeting minutes inuing need for this coverage le this. However, as of 6/7/07, wen implemented to prevent s. GENCY SERVICES Les are provided at the all must comply with the	A 031	The ED Medical Director informed all P mail that they may no longer perform m screening examinations (Attachment). Permanent Actions: The monitor plan set forth below will be the continuing effectiveness of the common Monitoring: Ten randomly selected medical records reviewed daily to track the time from this screening examination. Data from these will be presented to the ED Collaborative Committee and the process will be reseast of this review. Data will also be performance Improvement Committee will evaluate it, develop corrective action necessary, and report it to the Executive	used to asso ective actions will be age to medica e daily review re Practice valuated as a resented to time monthly, which ins as	re
	Based on interview medical records an the hospital, the go that emergency se	s, a review of 68 closed d a review of documents from verning body failed to ensure vices provided at the hospital hts of section 482.55.		and as appropriate to the Governing Bo process is stable, the daily record revie to a monthly review. Positions Responsible: ED Medical Director ED Nurse Manager Interim Chief Medical Officer	oy. Once the w will conver	
	availability of service other hospital department of the ereference to A0028 2. The hospital faile procedures (P&P), developed to ensure examinations were qualified individuals	ed to ensure the immediate ces, qualified personnel and urtmental services to provide and treatment of patients mergency department. Cross and A0452. ed to follow their policies and by-laws, rules and regulations re medical screening conducted by appropriately s. The hospital failed to ensure d procedures for evaluating		There is no longer an inpatient service a Psychiatric patients re triaged in the ED medical screening examination and are cleared prior to contacting the Psychiatric Response Team (PMRT). The Psychiatric Transfer Preparation are Management form has been revised and addresses the documentation status of consultations and inpatient bed placement in the ER. This form includes (Attachment)	, undergo a medically ric Medical ad d now pending PMR ent for patient	- -

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Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETION DATE
contract to provide erage to the hospital expired on ming body meeting minutes tinuing need for this coverage de this. However, as of 6/7/07, een implemented to prevent es. IGENCY SERVICES ces are provided at the tal must comply with the 482.55. is not met as evidenced by: us, a review of 68 closed		subsequent reassessment every (1) danger to self (2) danger to self (2) danger to self (2) danger to sitter at bedside by name. Triag meeting any of the risk criteria at the waiting room. Sitters (nursing attendant) document patient's behavior hourly. Follow-up a minimum of every fostatus of the pending PMRT evaluation availability. The licensed nurse the patient's medical record the minimum of every four hours. Upon discovery a licensed nurse notify the charge nurse and physelopements or difficulties with pleasements or difficulties with pleasements. Once psychiatric report is for one patient within a 24 hours. The above log will be kept in the labeled Psychiatric Patient-Dally. Charge Nurse: psych patients withe dally patient list and faxed to of Health Services mental heaith	sment and with y shift. Assess for others (3) identify ge: psych patients are not to wait in ment interventions our hours for the sluation and bed will document in above status a a will immediately sician of any accement. g book in which idual status og sheet is used period. ED in a binder Log. iii be identified on
ed to ensure the immediate ces, qualified personnel and artmental services to provide and treatment of patients mergency department. Cross and A0452. ed to follow their policies and by-laws, rules and regulations re medical screening conducted by appropriately s. The hospital failed to ensure		Permanent Actions: The monitoring plan set forth below wassure the continuing effectiveness of actions. The ED nurse manager will a deficiencies with responsible personnt Monitoring: The log book will be reviewed weekly deficiencies and take corrective action necessary. The ED Collaborative Confeview the data monthly Quarterly the evaluate the data, create corrective and report to Quality Council and Exelegible and as appropriate, Governing Body. Position Responsible: ED Nurse Ma	f the corrective address el. to identify any n as deemed nmittee will eQPIC will ction as needed cutive Committee
	IDENTIFICATION NUMBER:	JR GEN HOSPITAL ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) age 9 S, #36, #49, #50, and #69. contract to provide erage to the hospital expired on ming body meeting minutes atinuing need for this coverage ide this. However, as of 6/7/07, een implemented to prevent ess. GENCY SERVICES A 03 age 9 A 04 A 05 contract to provide erage to the hospital expired on ming body meeting minutes atinuing need for this coverage ide this. However, as of 6/7/07, een implemented to prevent ess. GENCY SERVICES A 03 age 9 A 04 A 05 age 9 A 05 contract to provide erage to the hospital erage implemented to prevent ess. GENCY SERVICES A 05 age 9 A 06 age 9 A 07 A 07 age 9 age 9 A 07 age 19 age 19 age 19 age 19 a	JR GEN HOSPITAL A BUILDING JATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION) A QUE A CONTROL A COSS REFERENCE TO THE APPROPERSORY I contract to provide and patient a bedside by name. This meeting any of the risk criteria as the waiting room. Sitters (nursing attendant) document between the patient's behavior hourly, Follow-up a minimum of every four hours, Sales NOT SERVICES A COST A

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A 031	5 The physician coneurosurgical cover 4/30/07. The govern documented a contraint and a plan to provide this plan had not be patient safety issue 482.12(i)(1) EMER If emergency service hospital, the hospital, the hospital requirements of §4. This STANDARD is Based on interview medical records and the hospital, the good that emergency service the requirements. 1. The hospital failed availability of service other hospital departments of the entreference to A0028. 2. The hospital failed procedures (P&P), developed to ensure examinations were qualified individuals.	#36, #49, #50, and #69. Intract to provide rage to the hospital expired on hing body meeting minutes inuing need for this coverage the this. However, as of 6/7/07, wen implemented to prevent s. GENCY SERVICES Less are provided at the eat must comply with the 182.55. Is not met as evidenced by: Is, a review of 68 closed dia review of documents from the verning body failed to ensure vices provided at the hospital hits of section 482.55. Led to ensure the immediate less, qualified personnel and rimental services to provide and treatment of patients mergency department. Cross		028	Corrective Actions: A multidisciplinary team of ED physical nurses reviewed the current triage profithe review, the triaging process we provide for a more timely medical seexamination. This process includes examination. This process includes examination. This process includes examination. This process includes examinations for patients who a Level 3. Upon completion of the screening examination, based of clinical presentation, tests and it (including pain management) we carried out. Patients who are identified as a the time of triage will be brough emergency treatment area. At the time of triage will be brough emergency treatment area. At the ED charge nurse will notify the patient's priority number. The placknowledge the patient by initial board and will perform the medi examination as soon as possible condition is critical, the RN will inhysician. Permanent Actions: The monitoring plan set forth below wassure the continuing effectiveness of actions. The ED Nurse Manager will deficiencies with responsible personal deficiencies with responsible personal monitoring: Ten randomly selected medical reconserviewed daily to track the time from screening examination. In addition, the reviewed to determine whether comprovided timely. Data from these daily presented to the ED Collaborative Committee/Department of Emergency the process will be re-evaluated as a review. Data will also be presented to improvement Committee and OPIC mevaluate it, develop corrective actions.	recess. As a as re-design recentling the following: the following: the following: the following: the following: the following: re-dentified a medical on the patient re-atments: the physician will be ordered to back to the ne time of arrithe physician will aling the whit cal screening at life a patient verbally notify will be used to the correction of t	result ed to rea as a as a and . 2 at val, of the as the ve

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	#5, #6, #7, #9, #26,	#36, #49, #50, and #69.					
	5 The physician contract to provide neurosurgical coverage to the hospital expired on 4/30/07. The governing body meeting minutes documented a continuing need for this coverage and a plan to provide this. However, as of 6/7/07, this plan had not been implemented to prevent				and report it to the Executive Commit appropriate to the Governing Body. C Executive Committee concludes that stable, the dally record review will correview.	nce the	s nthiy
	this plan had not be patient safety issue				Position Responsible: ED Medical Director		
A 031	482.12(f)(1) EMER		А	031	ED Nurse Manager		
•		es are provided at the al must comply with the 82.55.					
	Based on interviews medical records and the hospital, the go- that emergency ser	s not met as evidenced by: s, a review of 68 closed d a review of documents from verning body failed to ensure vices provided at the hospital ts of section 482.55.					
	Findings:						
	availability of servic other hospital depar prompt evaluation a	d to ensure the immediate es, qualified personnel and the immediate est oprovide and treatment of patients nergency department. Cross and A0452.					
	procedures (P&P), I developed to ensure examinations were qualified individuals	d to follow their policies and by-laws, rules and regulations a medical screening conducted by appropriately. The hospital failed to ensure procedures for evaluating		•	· .		

PRINTED: 06/22/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 050578 06/07/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 12021 S WILMINGTON AVE LAC/MARTIN LUTHER KING JR GEN HOSPITAL LOS ANGELES, CA 90059 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) A 031 Continued From page 10 A 031 psychiatric emergency patients had been implemented and followed by staff. Cross Finding 3 reference to A0021. Immediate Actions: The Interim Chief Medical Officer ordered all MLK 6/15/07 3. The hospital failed to ensure on - call Department Chiefs to discontinue the practice of using Physician Assistants for consultations in the physicians saw patients when specialty ED. All ED consultations will be performed by an consultation was required. Cross reference to attending physician. (Attachment X) A00 The ED nurse manager provider a letter 6/19/07 instructing all ED RNs regarding Physician Assistants cannot provide consults. 4. The hospital failed to ensure pain management (Attachment J) was provided in a timely manner. Cross reference The Interim Chief Medical Officer instructed all to A0204, A0455 6/18/07 Department Chiefs to ensure that all attending physicians are aware of the need to document 5. The hospital failed to ensure stabilizing their consultations. The Interim Chief Medical Officer instructed all treatment for emergency medical conditions was 7/5/07 physicians that provide consults to patients that provided and failed to ensure timely transfer of emergency consultations are to be seen within individuals who required services not available at one hour. the hospital. Cross reference to A A 141 482.21 QAPI Permanent Actions: A 141 The monitoring plan set forth below will be used to assure the continuing effectiveness of the corrective The hospital must develop, implement and actions. maintain an effective, ongoing, hospital-wide, data-driven quality assessment and performance Monitoring: Ten randomly selected ED records of patients will be improvement program. reviewed each week to validate the presence of the at note and timeliness of the consult. Results of these audits will be presented to Performance Improvement The hospital's governing body must ensure that the program reflects the complexity of the Committee, which will review and create corrective actions a necessary. This data will then be reported to hospital's organization and services: involves all the Executive Committee and to the Governing Body hospital departments and services (including as appropriate. The Chair of the service will be notified those services furnished under contract or of discrepancies for corrective actions. arrangement); and focuses on indicators related Position Responsible: Chief Medical Officer to improved health outcomes and the prevention and reduction of medical errors. The hospital must maintain and demonstrate

evidence of its QAPI program for review by CMS.

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A 031	psychiatric emerge implemented and for reference to A0021 3. The hospital fails physicians saw patt consultation was re A00 4. The hospital fails	ncy patients had been bllowed by staff. Cross	A 031	Finding 4 Immediate Actions: A multidisciplinary team of ED physicia nurses reviewed the current triage procesult of that review, the triage policy w	ess. As a	6/21/07
A 141	to A0204, A0455 5. The hospital failed treatment for emer provided and failed individuals who require hospital. Cross 482.21 QAPI The hospital must	ed to ensure stabilizing gency medical conditions was to ensure timely transfer of uired services not available at	A 141	result of that review, the triage policy so that the triage registered nurse notification provided if the patient is experigreater than 7/10 and follows physician initiate pain medication for pain relief retriage aculty level. Immediate Actions: The ED Nurse Manager and a nurse exprovided supplemental training to all Elemental interest of contacting physicians to be a patient advocate. The ED Nurse Manager counseled the	ies the iencing pain it's order to egardless of lucator D RN staff ians and the	6/5/07 7/9/07
	data-driven quality improvement program. The hospital's government program reflections itself.	assessment and performance ram. eming body must ensure that its the complexity of the tion and services; involves all		failing to document notification of the p when a change in condition was noted. The ED Nurse Manager counseled the failed to record the attributes of pain as policy. The ED Nurse Manager conducted inserting facility in the ED Nurse Manager conducted inserting facility.	RN who required by	6/19/07 6/6/07
	those services fur arrangement); and to improved health and reduction of m The hospital must	nts and services (including hished under contract or focuses on indicators related outcomes and the prevention redical errors. maintain and demonstrate PI program for review by CMS.		training for all ED RNs regarding approductmentation of pain assessments an requirements for reassessment after madministration. Training was also provid documentation standards. (Attachment Permanent Actions: The monitoring process described belowed to assure the continuing effective these corrective actions. The ED nurse will address deficiencies with responsible personnel.	d the edication ded on N) w will be ness of manager	

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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A 141	implemented and for reference to A0021 3. The hospital failed physicians saw path consultation was read to A00 4. The hospital failed was provided in a time to A0204, A0455 5. The hospital failed treatment for emergy provided and failed individuals who require the hospital. Cross 482.21 QAPI The hospital must committee the program reflect data-driven quality improvement program reflect hospital's organizations in those services furniarrangement); and	d to ensure on - call ents when specialty quired. Cross reference to d to ensure pain management mely manner. Cross reference d to ensure stabilizing gency medical conditions was to ensure timely transfer of uired services not available at reference to A develop, implement and re, ongoing, hospital-wide, assessment and performance am. eming body must ensure that is the complexity of the ion and services; involves all its and services; involves all its and services (including ished under contract or focuses on indicators related outcomes and the prevention	Α.	141	 With respect to all patient transpatient diagnosis, a transfer log MLK-H Patient Flow Manager, group meets Monday through F transfers that have taken place to resolve any issues identified transfers, to facilitate patient we and to update the status of patient transfer. Any neurosurgical patient pending transfer will be reviewed process. MLK-H has identified a medical director in charge of patient flow Flow Manager notifies the medical director whenever there are important from the patient, in a timely manner. The administrative director will assure high-level physician contact with receiving institutions in an effort 	fers, regardles is maintaine A muitidiscipliniday to revie based on this from completating for transents who are ed as part of the administrative. This Patient call administrative with the administrative and a neurosurgion medical rethat there in potential to expedite will be used the force of corrective will report a log of patients is nance executive in grandless and grandless and grandless are grandles	ss of d by wall slod effer, his e t tive ent
	The hospital must r	naintain and demonstrate Pl program for review by CMS.					

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A 141	This CONDITION is Based on interview supplied by the hos committees of the hospital failed to enperformance improon high risk areas a being provided to the evaluation of an emproon on high risk areas a being provided to the evaluation of an emproor in the governing being program failed to the program failed to the evaluation of an emproor in times for emproor in the quality program logs were being util to present an accurate presenting for the emproor in the emproor	ge 11 is not met as evidenced by: s, a review of documents ipital, a review of minutes from nospital and review of 68 ords, the governing body of the isure an effective quality vement program that focused and contractural arrangements he patients presenting for the hergency medical condition. The quality assurance ack and trend the emergency times and to identify incorrect ergency department patients. In falled to identify that multiple lized in the hospital that failed rate representation of patients evaluation of an emergency Cross reference A0143 and ody failed to ensure that the performance improvement dentified and set priorities to problem prone areas in the eming body failed to ensure that ce program had identified that initiating or providing formal consultations in the emergency poverning body failed to ensure urance program had identified ant presenting with a nt in the pediatric outpatient management of the patient was	A 1		Finding 1: 1) On 6/11/07, the Quality Council de Quality Improvement Plan that food problem prone, high risk areas. Reathe ED is such an area, unique que and special monitoring for that area established. (Attachment A) 2) Starting July 1, 2007, Utilization Rereview at least 15% of patients were trend data from arrival to triage and medical screening exam. Time of discharge is tracked electronically in Affinity System for all patients and The information goes to the Emerg Department Collaborative Committee Valuation. The reports will go to be Committee and the Quality/Perform Improvement Committee (QPIC), withis to the Executive Committee or respectively, and then to the Governing E the log and to combine the multiple single document ordered in date times and the grant ordered in date times and the committee or the log and to combine the multiple single document ordered in date times and the committee or the log and to combine the multiple single document ordered in date times and the committee or the log and to combine the multiple single document ordered in date times and the log and the committee or the log and to combine the multiple single document ordered in date times and the log and the committee or the log and to combine the multiple single document ordered in date times and the log and the committee or respectively, and then to the Governing E Plan was developed and implemented. Plan was developed and implemented and the plan was developed and implemented. Plan was developed and implemented and the plan was developed and implemented and the plan was developed and implemented and plan was developed and implemented and plan was developed and impleme	uses on ecognizing that ecognizing that ecognizing that eligible indicators a has been eview Staff will ekky to track art arrival to time etherough the trended weekf ency ee for coth the ED nance which will report Quality Councing Body. The eccuracy of t	ਰ 7. 6/21/07

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	3. The governing be quality assurance patracked psychiatric managed in violation and regulations and reference A0153. 4. The governing be written plan had be implemented to prepatient events. Cross. The governing body that medical screening emergency departing failed to ensure the program had identified to prepatitioners were improgramed as the program of the policy to prevent records reference A0167. 6. The governing be policy to prevent records reference A0167. The cumulative efference A0167 reproblems resulted body to ensure that Performance Improved the proposition of the position of the position of the problems resulted body to ensure that Performance Improved the problems resulted body to ensure that Performance Improved the problems resulted body to ensure that Performance Improved the problems resulted body to ensure that Performance Improved the problems resulted body to ensure that Performance Improved the problems resulted body to ensure that Performance Improved the problems resulted body to ensure that Performance Improved the problems resulted body to ensure that Performance Improved the problems resulted body to ensure that Performance Improved the problems resulted body to ensure that Performance Improved the problems resulted body to ensure that Performance Improved the problems resulted body to ensure that Performance Improved the problems resulted body to ensure that Performance Improved the problems resulted body to ensure the problems resulted	a PA-C. Cross reference ody failed to ensure that the program correctly identified and emergency patients being in of the hospital's own rules it medical staff by laws. Cross ody failed to ensure that a en formalized and event recurrence of adverse loss reference A0156. ody failed to ensure that the program had informed the trace areas of the ment. The governing examinations in the main and the urgent care areas of the ment. The governing body at the quality assurance fied that these mid level not credentialed to perform a examination. Cross reference ody failed to implement a ecurrence of these events. O169. ects of these systemic in the inability of the governing the Quality Assurance, overnent program had tracked risk, problem prone areas in ure the provision of medical ronment.		Finding 3: Psychiatric process improvements in improved triage training, better doc "sitters" in the area, and better flow have been implemented. Please set below for more information. Psychiatric patients are included on tracking and trending of wait times of the Interim Medical Director ED shad discussion of any psychiatric care is determine whether additional QI indirequired to address them. Finding 4: A neurosurgery policy was formalized distributed to all Department Chairs instructed to inform their staff ebout. The Interim Chief Medical Officer on from the Governing Body, has emph department's meeting that all correct to be promptly established in writing implemented. He further emphasized department must monitor such implemented. He further emphasized department must monitor such implemented to termine the indicators, both hospital wide and EI under the terms of the plan will lead actions, which will prevent the recurrevents. For a more detailed responsibelow. Finding 5: Physician Assistants are no longer pascreening examinations. See Tag AC more details. The Governing Body has instructed a attend Quality Council and Executive meetings to ensure that it is informed compliance issues. (Attachment Z) and ing 6: On 6/11/07, the Quality Council deverthat focuses on problem prone, high hospital and is designed to reduce mand improve patient care. The new reviewed and approved by the Executive Committee: the Governing Body reviapproved the plan on 6/29/07. Under	umentation by management e Tag A0153 monitoring f all ED patiens. Ill include a sues and cators are d and who were it. (Attachment I) instructions asized at each ive actions have and d that each mentation. ormal quality of specific, which to corrective ence of adverse e see Tag A155 roviding medical 28, page 8 for a delegate to Committee of quality and loped a QI Plan fisk areas of the sedical errors QI Plan was tive ewed and the approved	6/15/07
A 143		HEALTH OUTCOMES	A 143	including Information Systems and E	mergency	10 5570
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A 143	The program must an ongoing program improvement in ind evidence that it will. This STANDARD I Based on interview records and a reviet hospital, the hospital program that accur of stay in the emerging from the hospital wapproximately 1350 ED were discussed average time for a and treatment in the ED stated that very difficult to trace stated that she was used by the ED Nu regarding the patie Medical Director st initiated a study to bed to provider tim on a grid and that cohort of 140-150 plan to collect data of stay in the ED hise ED Director failed to the stated that the cohort of 140-150 plan to collect data of stay in the ED hise ED Director failed the state of stay in the ED hise ED	include, but not be limited to, in that shows measurable icators for which there is improve health outcomes. s not met as evidenced by: s, a review of closed patient by of meeting minutes from the al failed to ensure an ongoing ately measured patient length		Background: Miscommunication appears to have of ED has been collecting data on ED len a limited scope basis since January 20 shared that data with the Physician Pelmprovement Committee. Immediate Actions: Starting July 1, 2007, Utilization Review review at least 15% of patients weekly trend data from arrival to triage and an screening exam. Time of arrival to time is tracked electronically through the Afor all patients and trended weekly. The goes to the Emergency Department Co Committee for evaluation. The reports the ED Committee and the Quality/Perfimprovement Committee (QPIC), which to the Executive Committee or Quality respectively, and then to the Governing Permanent Actions: Use of the monitoring below will assure deficiency remains corrected. The QI Encovide remedial training where a patter practices is determined. Monitoring: The Director of Quality Improvement or will use a checklist every two weeks for a collection and trending is occurring the provide supervisor. Summaries of will be forwarded to the QPIC quarterly. Responsible Position: Director	gth of stay, on 207, and has reformance w Staff will to track and rival to medical e of discharge ffinity System le information illaborative will go to both ormance will report this Council g Body. e that the Director will ern of deficient her designeer the first three assure that ig.

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A 143	requested. There we that this plan had be committee to ensur accurate and reflect. 2. During interviews the quality improve unaware, that for settimes were inaccurate in the correct to department patient emergency medicate to the emergency medicate to the emergency of the time of entry in hours." However, I seen in triage at 12 logged into the ED 05/11/2007. The medical striage nurse three to 05/11/2007. The medical screening the ED log until 19 identify that he left. 3. During interviews the quality improve unaware that a "Cedepartment failed to patients presenting an emergency medical screening the ED logy representations are entired to patients evaluated. Separate patient loseen in the Adult Legal to the thing of the ED logy representations are patient to seen in the Adult Legal to the ED logy representations are patient to seen in the Adult Legal to the ED logy representations are patient to the ED logy representations are patient to the ED logy representations are patient to the ED logy representation that a "Cedepartment failed to patients presenting an emergency department failed to patients evaluated Separate patient logger than the ED logy representation that a "Cedepartment failed to patients presenting an emergency department failed to patients evaluated Separate patient logger than the ED logy representation that a "Cedepartment failed to patients presenting an emergency department failed to patients presenting that the ED logy representation that the ED logy repr	rege 14 reas no written documentation een approved by the QAPI re that data accumulation was ted patient care outcomes. s conducted on 06/01/2007, ment representatives were ome patients, the ED log in ate and failed to accurately ime of entry of the emergency for evaluation of an I condition. Patient #14 came Repartment on 01/26/2007. In the computer log read "1324 Patient #14 actually was was 124 hours. Patient #5 was log at 1510 hours on edical record revealed that rally been assessed by the mours earlier, at 1139 hours on edical record for Patient #6 red to the ED for triage at 1812 and left without being seen for a exam. He was not logged into 13 hours and the log failed to without being seen. s conducted on 06/01/2007, ment representatives were entral Log* for the emergency or contain the names of all to the facility for evaluation of dical condition. The information entative revealed that the ment log* contained only those in the main emergency room. The information entative revealed that the ment log* contained only those in the main emergency room. The information entative revealed that the ment log* contained only those in the main emergency room. The information entative revealed that the ment log* contained only those in the main emergency room. The information entative revealed that the ment log* contained only those in the main emergency room. The information entative revealed that the ment log* contained only those in the main emergency room. The information entative revealed that the ment log* contained only those in the main emergency room. The information entative revealed that the ment log* contained only those in the main emergency room. The information entative revealed that the ment log* contained only those in the main emergency room.	A		Finding 2 Immediate Actions: A multidisciplinary group reviewed and restrangency registration/admitting policy #Registration and Financial Screening to noriginal time of arrival be entered into the central log must be congruent with the number of arrival be entered into the central log must be congruent with the number of arrival be entered into the central log must be congruent with the number of arrival process described below assure the continuing effectiveness of the actions. The QI Director will address defines pursuing for the personnel. Monitoring: Beginning 7/1/2007 PFS personnel week central EMTALA log weekly. Average was triage to medical screening examination a discharge that exceed expectations will be reconconsistencies with the medical record. Director will report on the accuracy of dat quarterly to QPIC. Responsible Position: QI Director Immediate Actions: 1) The Director of Quality Improvement staff on the distinction between cent working logs and their use. 2) IT re-programmed the central log to display or print in date time sequence triage location. Permanent Actions: Use of the monitoring below will assure the deficiency remains corrected. The HIM diprovide remedial training where a pattern practices is determined.	1.1.32 entitled equire that computerized ursing flow she will be used to see corrective iciencies with ly review the ait times from and triage to rompt a medianciled for The HIM a collection to retrained all rail log and default to se regardless of the regardless	et.

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A 143 A 152	department. It was for all patients was and this log contain urgent care patients EMTALA log was not representative st existed for "Patient Delivery." 482.21(c)(1)(i-iii) Out PRIORITIES The hospital must sperformance improhigh-risk, high-volutionsider the incider	revealed that a complete log known as the "EMTALA" log ed all adult, pediatric and s. When produced, the ot in chronological order. The ated that separate logs Transfers" and "Labor and API IMPROVEMENT set priorities for its vement activities that focus on me, or problem-prone areas; nce, prevalence, and severity e areas; and affect health			Monitoring: PFS personnel will review the central EM monthly to verify that all patients regardle location (emergency department, adult upediatric urgent care) will appear in chror date/time order of when the patient prese Deficiencies will be reported to the HIM Discrective action. The need for further cowill be reported to the QPIC as appropriating Responsible Position: HIM Director	ss of treatme gent care, or lological Inted in the El lirector for rrective action) .
•	Based on interviews areas, a review of chospital and review hospital failed to enimprovement activithigh-risk, high-volument activithigh-risk, high-volument activithigh-risk, high-volument of problems in those Findings: 1. A tour of the ED with the ED Medical Physician were constated that two ED	s not met as evidenced by: s, a tour of the ED service locuments supplied by the v of 68 patient records, the sure that its performance ties identified and focused on me, or problem-prone areas. ement program failed to nce, prevalence, and severity e areas. service area and interviews I Director and an ED Staff ducted on 05/31/2007. They physicians were scheduled in except for two hours at	•		Immediate Actions: The hospital has developed a new QI includes specific, targeted indicators Priorities for projects are established (Attachment A) The Interim Medical Director has inst departments to assure that each depmeeting includes a review of the inditracked to determine whether the mon high risk areas are being tracked and to gather data so that an evaluation beincidence and prevalence and severimportant problems can be made.	for the ED, in the ED pla inucted all artment cators being st significant I trended, and passed on	

AND FLAN OF CORRECTION	EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER LAC/MARTIN LUTHER KING JR	gen Hospital	STREET ADDRESS, CITY, STATE, ZIP CODE 12021 S WILMINGTON AVE LOS ANGELES, CA 90059				
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care responsibilities for physician. When inter Director stated that physiciant to provide at ED. When asked if on provide coverage for the atrauma case, require trauma room, the ED coverage was sufficient the main ER, the urgest supervision of the triat areas. On 06/01/2007, during interview, the ED Mediaverage length of state There was no document a plan to evaluate the physician following plate treatment area. There a plan to evaluate Triatime before nurse	d physician assumed patient or the out-going ED reviewed, the ED Medical hysician staffing was adequate patient care in the ne physician was sufficient to the main ED, in the event of ring one physician in the Director stated that ent to provide supervision of ent care areas and age and patient waiting g a QAPI committee dical Director identified the ey in the ED was 14 hours. ented evidence provided for etime required to see a accement of a patient in the re was no documentation for age staffing to determine the aluation of a patient. Diservice areas were mately 1030 hours on May ned that physician depen initiating formal asultations in the emergency also learned that physician providing patient care in the he hospital. When a representatives initially adid not perform emergency department.	A 152	Einding 1 Immediate Action: As noted above an organized system to trend wait times between various steps has been created. When sufficient data gathered, the ED Collaborative Commit nursing will evaluate the adequacy of trend the ED Collaborative Commit nursing will evaluate the adequacy of trend the ED Collaborative Commit nursing will evaluate the adequacy of trend the	in the ED has been tee and lage staffing at the ly addressed liew meeting lew meeting lewed. dical artment risk areas actude a these liese corrective agersonnel day, UR RNs actical records artment by a lysician's note Chair of the repancies for will be provement		

	OF DEFICIENCIES F CORRECTION	IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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A 152	record for Patient # the formal consultat consultation was si approximately one There was no writte consultant to verify the findings describ document a neurol #50. 2. b. Patient #36 pr department at 1030 vomiting, lethargy, Documentation ind and/or infection. A ordered. At 1230 h was summoned to consultation. The F perform the neurol presence of a phys the recommended neurologist, would management by a basis to assess the Since neurosurged hospital the PA rec hospital the PA rec hospital. The child department until 22 documented evide contacted or that e the patient to a hos The patient was di Cross reference At 482.21(c)(1)(iv) QA The hospital must	isto revealed that a PA-C wrote tion for this patient. This gned by the consultant and one-half hours later. In note provided by the or document the accuracy of bed by the PA-C or to ogical evaluation for Patient resented to the emergency of hours on 3/20/07 for cough and congestion. In it is is in the physician's assistant provide neurological PA-C saw the patient to ogy consultation without the sician. The PA-C documented plan, in consultation with the be evaluation and neurosurgeon on an urgent effunctioning of the shunt. In swere not available at the commended transfer to another I was in the emergency 200 hours but there was no note a neurosurgeon was afforts were made to transfer spital with this service available. Scharged to the mother's care. O455 API PATIENT SAFETY	A 152	Finding 2B Immediate Actions: In the new QI Flan, hospital wide and dep specific indicators for problem prone, high have been developed. These indicators it review of consults and who is performing consults. Permanent Actions: The monitoring process described below to assure the continuing effectiveness of corrective actions. The chair of the relevatoristing department will address with repersonnel deficiencies. Monitoring: For the next 30 days, Monday through Frich RNs will review ten randomly selected op ecords in the ED to validate that consults performed by a physician and that there is consulting physician's note and that there is consulting physician's note and that the cleavant department will be notified of distor immediate corrective action. Deficience reported to the Physician Performance In Committee relevant department will be notified of distor immediate corrective action. Deficience reported to the Physician Performance In Committee and to the Quality Council and Committee and Governing Body as appropractices become compliant, monitoring vieduced to monthly. Responsible Persons: Medical Director ED Medical Director QI Director	will be used these will be used these will be used these ant esponsible where is a consultation crepancies ies will be aprovement or epancies ies will be approvement of Executive appraise. After	
	performance impro patient safety.	ovement activities that affect				

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STATEMENT OF DEFICIENCIES AND FLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A. BUILDING			RVEY IED
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A 153	Based on interview of quality assessm improvement commodified to ensure the patient care issues #50, and #36, had ensure patient safe. Findings: Policy and Proced management of patient and danger to gravely disabled management area to be examination. 1. Patient #3 cam of the hospital at 2 Patient #3 was exhallucinations institute intent of suicid evaluated by a phy 05/01/2007 Patient #28 came with severe depression 04/28/2007. Patient waiting area 04/29/2007, three	is not met as evidenced by: rs and a review of the minutes ent and performance mittee minutes, the hospital at high risk, problem prone for Patients #3, #28, #29, #49, been identified and tracked to			Finding 4 Immediate Actions: Under instructions from the Governing Bot Plan was developed and implemented. In plan, hospital-wide, department specific in problem prone, high risk areas have been (Attachment A) Starting July 1, 2007, Utilization Review Serview at least 15% of patients weekly to rend data from anival to triage and arrive screening exam. Time of arrival to time of tracked electronically through the Affinity all patients and trended weekly. Psychiater are included in the data. The information Emergency Department Collaborative Committee and the Quality/Performance of Committee and the Quality/Performance of Committee (QPIC), which will report this to Executive Committee or Quality Council of the to the Governing Body. The ED Collaborative Committee will comperiodically whether special studies are represent to psychiatric patients. If so, it will plans for such studies and forward memorapproval. Permanent Actions: Use of the monitoring below will assure the deficiency remains corrected. The QI Dimprovide remedial training where a patient practices is determined. Monitoring: Monitoring: Monitoring on data collection will be done provide remedial training where a patient practices is determined. Monitoring: Monitoring: Monitoring on data collection will be addressed with the responsible supervisor. Summar findings will be forwarded to QPiC quarter Monitoring of ED consideration of psychial indicators will be done by the ED Medical through Department minutes. Position Responsible: ED Medical Director Of Director	n the new QI ndicators for a developed. Staff will track and at to medical f discharge is System for fic patients goes to the immittee for EID Improvement to the espectively, sider equired with a develop at the QPIC for the track and trending is Immediately its of the specific specific specific tric specific	

Facility ID: CA060000035

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A 153	of the hospital at 16 Patient #29 was su the hospital after in of Elavil, a tricyclic known to produce of Patient #29 was not of the emergency of evaluated by a phy Patient #49, presendepartment at on 3 chief complaint of medications and whallucinations. The another hospital, the having left without There was no doct QAPI study for dat implemented to evaluation. 2. Patient #50 can 02/28/2007 for the emergency. Patient several days waiting transfer. This advireviewed by the memergency depart The medical direct department assess Patient #50 as "of However, this even management comwere no written pherospecial patient #50, not pat	o the emergency department of the emergency department of the hours on 04/28/2007. Incidal with a plan and came to gesting an unknown quantity antidepressant medication, cardiac toxicity in high dosage. It taken to the treatment area department until 1750, and not sician until 1800 hours. Inted to the emergency 1/6/07 at 0302 hours, with a 1/6/07 at 0302 hours,	,A	in of the scalar remain PUdge	inding 2 immediate Actions: addition to the Patient Safety Network (perated at a DHS level which allows reparted at a DHS level which allows reparted to determine whether instances which ompromise patient care have occurred. The brought to the attention of the Departed nursing leadership, as appropriate. If ursing leadership believe it necessary, the viewed in detail and then reported at the resting. A decision is then made whether the period of the Departed provement activities. The provenant activities are the monitoring below will assure the efficiency remains corrected. The QI directices is determined.	orting of a sessigned sess quality a could These cases ment Chair or a case is a Department r new ment's quality at the ctor will	

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A 153	the transfer to be condocumented evider evaluated this incide improvement to preservent. When internoted of the hospital cases of this nature reference A0455). 3. Patient #36 preside partment at 1030 presenting complain and congestion. Paventriculoperitoned treatment of hydrous following a visit to the and/or infection was neurology consult where the patient and performs the back up special neurologist was on documented evidente patient; however the recommended neurologist, was for by a neurosurgeon the shunt. Since neavailable at the host transfer to another emergency departs was no documented was contacted, or transfer the patient available. The patient available. The patient available.	ompleted. There was no noe to indicate that the hospital ent for periomance event a recurrence for a similar riewed on 06/01/2007, the I was unable to say if any other e had occurred. (Cross ented to the emergency of hours on 3/20/07 with a nt of vomiting, lethargy, cough	A 1	· · · · · · · · · · · · · · · · · · ·	Monitoring: QPIC will review the level of data regarding potentially problematic cases received from Departments and the quality of the review cases being done. Deficiencies will be awith Departments as appropriate. Critical from this process are forwarded to Execut Committee or Quality Council as appropriate. Critical from this process are forwarded to Execut Committee or Quality Council as appropriate. Critical from the process are forwarded to Execut Committee or Quality Council as appropriate and the Patient Safety Network operated at a DHS level which allows represented at a DHS level which allows represent a patient Safety issues, a QI nurse has been on each department. Her function is to associate the patient of the Execution of the Exe	om the v of the ddressed of findings litive		
A 156	seen at the neuros 482.21(c)(2) QAPI	urgery clinic. FEEDBACK AND LEARNING	A.	156				

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A 156	Performance impro implement preventithat include feedbarhospital. This STANDARD is Based on interview documents and a reassessment and performance impropreventative actions that patients (#50 a neurosurgical consispecialty. In additional that medical screen provided by qualifiers	yement activities must ve actions and mechanisms ck and learning throughout the s not met as evidenced by: s, a review of hospital eview of minutes of the quality erformance improvement pital failed to ensure vement activities implemented is and mechanisms to ensure and #36) received requested ults by providing that on call on, the hospital failed to ensure and examinations were ad staff, unsupervised by the tients #62, #63, #64, #65,	A -	156			•
	emergency. A neuron to provide back up However, the ED plon-call physician. Pedelay of several day care transfer. This reviewed by the memergency department assess Patient #50 as "deemed at this event was evaluation of the medical directors."	evaluation of a neurosurgical osurgeon was actually on call specialty consultation. hysician failed to contact the ratient #50 experienced a sys waiting for a higher level of adverse patient event was			Finding 1 and 2 Immediate Actions: The Interim Chief Medical Officer sent a memorandum to all clinical services instruten to assure that all staff are informed a change in the scope of clinical services at the hospital occurs. (Attachment V)	whenever	7/9/07

	TATEMENT OF DEFICIENCIES (X1) PROVIDE/SUPFLIEF/CLIA IDENTIFICATION NUMBER:		(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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A 156	#50, no attempts at to expedite a transfor the transfer to be interviews conduct the hospital on 06/2 administrative door 03/12/2007, reveal specialty coverage terminate on 02/28 had been made to by staff neurosurge Medical staff interviews Departinformed that contracted and available 2. Patient #36 presidepartment at 103 presenting compla and congestion. Proventriculoperitoned treatment of hydroand/or infection was neurology consult PA-C came to the patient and perform The back up specineurologist was or documented evidente the patient; however the recommended of the patient, however the shunt. A neurosurgeon we consultation in the	t physician to physician contact fer, and an excessive wait time se completed. ed with the Medical Director of 01/2007 and a review of an ument of 03/07/2007 and ed that neurosurgical back up had been scheduled to 1/2007. However, arrangements extend neurosurgical coverage eons "through 04/2007" riews revealed that the ment physicians were not ractural coverage had been lable. sented to the emergency 0 hours on 3/20/07, with a int of vomiting, lethargy, cough	de te to cl	eurology was not an appropriate consult and ultimately a neurosurgery consult was termined not to be necessary because in sting revealed no shint malfunction. Net assure that all staff are aware of the sconlical care available at the hospital, the inhief Medical Officer has instructed all clin partments to assure that all staff are informed allable at the hospital occurs. Imanent Action: In of the monitoring below will assure that indency remains corrected. The Chief Medical officer will take action if different practices intified. Initoring: Inito	urther vertheless pe of itenim ical rmed services It the edical are	

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A 156	to not be available a recommended trans neurosurgical cover emergency departmenter was no docum neurosurgeon was made to transfer the service available. To the mother's care when the medical director and the CEO of the determine if a similar occurred. When requested, the provide documentation implemented performance improverse.	neurosurgeons were thought at the hospital, the PA-C sfer to a hospital with age. The child was in the nent until 2200 hours, but nented evidence a contacted, or that efforts were a patient to a hospital with this he patient was discharged to ith instruction for the child to osurgery clinic.	A1	56		
	on 6/1/2007, the Ho Angeles County, an governing body, the legal outcomes and operation of the hos mid-level practitions assistants, were op of the emergency d performing medical assessing, medicat	d at approximately 1630 hours espital Administrator for Los d representative of the entity responsible for the responsible for the day to day spital were unaware that ers, specifically physician erating in the urgent care area epartment of the hospital, screening examinations, ing and discharging patients, member of the medical staff.		Finding 3 Immediate Actions: The Interim Chief Medical Officer, to comproblems associated with the use of PAs (utherance of the objectives of the quality improvement program, notified the ED Medicator that PAs would no longer perform screening exams. He also subsequently the ED that PAs were not to be used for a in the ED. (Attachments R, X) Permanent Actions: Use of the monitoring below will assure the deficiency remains corrected. The QI directors are the provide remedial training where a pattern	in Indical In medical Informed Iny purpose at the	6/18/07 6/19/07

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A 156	The Hospital Admir Medical Staff bylaw physician assistant department medical patients presenting emergency medical Patients #62, #63, been triaged on 5/3 care unit of emerge documentation for patients was evider interviewed on 5/3 hours, the PA-C resemergency departrurgent care area procharts. However, in the quality or approceed to the patients from the elevation of the hours and a plan to provide to prevent similar preference to A0028 482.21(c)(3) QAPI	nistrator was unaware that the is had no provision to permit a to perform emergency a screening examinations for for the evaluation of an a condition. #64, #65, #66, and #67 had at/2007 and sent to the urgent ency department. No physician oversight for these at or provided. When al/20007 at approximately 1030 adily disclosed that an an ent physician came to the eriodically to sign off the ownitten entries to document appriateness of care was sian assistant revealed that the gned well after discharge of the mergency department. Intract to provide neurosurgical spital expired on 04/30/2007. The provide neurosurgical spital expired on 04/30/2007. The provide this service, however, as of an had not been implemented obtaint safety issues. Cross 3. IMPROVEMENT ACTIONS take actions aimed at		56	Ending 3 (cent'd) Monitoring: Beginning 6/20/07 UR nurses review a misegioning 6/20/07 UR nurses review a misegioning experience of committee of committee, and when appropriate, the Good consistency is established, a minimiser month will be reviewed. Position Responsible: Die Medical Director It Director	amination was ill be reported timent of mance recutive	•
	This STANDARD	is not met as evidenced by:			•		

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A 157	Based on interview a review of minutes performance improhospital failed to en improvement action to prevent subseque Findings: Patient # 50 came for the evaluation of (See A0455). Interviews conducte the hospital on 06/0 administrative documented a control of the evaluation of (See A0455). Interviews conducted the hospital on 06/0 administrative documented a control of the physician control on call neurosurged the extended and department physician control on call neurosurged #50, who required the physician control of the physician contro	s, a review of documents and a of the quality assessment, we ment committee, the sure that performance in plans had been implemented ent adverse patient events. It of the hospital on 03/28/2007 of a neurosurgical emergency. The dwith the Medical Director of 21/2007 and a review of an ament of 03/07/2007 and and that neurosurgical back uphad been scheduled to 1/2007. However, arrangements extend Neurosurgical coverage staff surgeons through 04/2007. It calty neurosurgical coverage staff surgeons had been cy department physicians contractural coverage had available. The emergency an staff thus failed to notify the on of the presence of Patient surgent surgical intervention. The provide neurosurgical spital expired on 04/30/2007. The emergency are to provide neurosurgical spital expired on 04/30/2007. The emergency are to provide neurosurgical spital expired on 04/30/2007. The emergency are the presence of Patient surgent surgical intervention.		157	Immediate Action: The Interim Chief Medical Officer sent in memorandum to all clinical services insisted them to assure that all staff are informed there is a change in the scope of clinical available at the hospital. Permanent Action: The monitoring process described belowed to assure the continuing effective action. Monitoring: Notice of the change in the scope of seavailable will be forwarded to the Chief Officer, who will verify that notification in distributed hospital-wide. Responsible Position: Chief Medical Officer	structing ed wherever al services w will be ness of the ervices Medical	7/9/07
A 167	482.21(е) EXECUT	TIVE RESPONSIBILITIES	A	167			

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A 167	group or individual authority and responsopital), medical sofficials are responsensuring that specific requirements are medical requirements are medical records, the ensure that specific to focus on high risk ED service, and tak improve patient safe. The Hospital of the hospital are medical records, the ensure that specific to focus on high risk ED service, and tak improve patient safe. The Hospital of the hospital according body, the legal outcomes and operation of the hospital assessing, medical assessing, medical assessing, medical outcomes and operation of the hospital Admin Medical Staff bylaw.	ming body (or organized who assumes full legal nsibility for operations of the taff, and administrative sible and accountable for fic QAPI program ret. Is not met as evidenced by: Is, review of documents from the organized with organized to end a review of 68 closed to end of the program requirements, the problem prone areas of the closed to end of the end o	A 1			Council that so of the hospid from all PIC. Monthly a that only inations in the y, and report itee and as nally, each review the ings. The Committee ar ans will be and services.	eai. e to
	physician assistant	s had no provision to permit a to perform emergency I screening examinations for			•		

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patients presenting emergency medica #64, #65, #66, and #67 had been triag the urgent care unit No documentation these patients was interviewed on 5/31 hours, the PA-C remergency departrurgent care area per charts. However, not the quality or appropried to the physic charts had been signatients from the exident.	for the evaluation of an I condition. Patients #62, #63, ed on 5/31/2007 and sent to to femergency department. for physician oversight for evident or provided. When 1/20007 at approximately 1030 adily disclosed that an nent physician came to the eriodically to sign off the owritten entries to document priateness of care was alian assistant revealed that the gned well after discharge of the mergency department.	A 1	167		
high risk patient sa performance impro 482.21(e)(1) EXECT The hospital's gove group or individual authority and responsitial), medical sofficials are responsaring that an or safety, including this defined, implementally and the safety of th	fety issues to influence overment. CUTIVE RESPONSIBILITIES eming body (or organized who assumes full legal onsibility for operations of the staff, and administrative usible and accountable for ngoing program for patient e reduction of medical errors, ented and maintained. is not met as evidenced by: us, a review of documents spital, and a review of closed	A 1	Plan was developed and impleidant was developed and impleidan, hospital-wide, department problem prone, high risk areas These Indicators specifically locations in the problem prone. The plant with the problem prone and the problem prone of the monitoring below with remains corrected. The plant training where a pattern of deficient of the problem problem in the problem problem. Monitoring: Monitoring: Monitoring on data collection with the problem	mented. In the new QI t specific indicators for have been developed, ok at consults in the ED. If assure that the deficien ector will provide remedia- cient practices is If be done by the Directo use a checklist every two en monthly thereafter to trending is occurring. Immediately with the	
	Continued From particular patients presenting emergency medica #64, #65, #66, and #67 had been triaged the urgent care unit No documentation these patients was interviewed on 5/31 hours, the PA-C reference department care area performance improved the quality or appropried to	DENTIFICATION NUMBER: 050578 PROVIDER OR SUPPLIER RTIN LUTHER KING JR GEN HOSPITAL SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 27 patients presenting for the evaluation of an emergency medical condition. Patients #62, #63, #64, #65, #66, and #67 had been triaged on 5/31/2007 and sent to the urgent care unit of emergency department. No documentation for physician oversight for these patients was evident or provided. When interviewed on 5/31/20007 at approximately 1030 hours, the PA-C readily disclosed that an emergency department physician came to the urgent care area periodically to sign off the charts. However, no written entries to document the quality or appropriateness of care was evident. The physician assistant revealed that the charts had been signed well after discharge of the patients from the emergency department. Cross reference to A0156. 2. Cross reference to A0153, for failure to identify high risk patient safety issues to influence performance improvement.	ROVIDER OR SUPPLIER RITIN LUTHER KING JR GEN HOSPITAL SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 27 patients presenting for the evaluation of an emergency medical condition. Patients #62, #63, #64, #65, #66, and #67 had been triaged on 5/31/2007 and sent to the urgent care unit of emergency department. No documentation for physician oversight for these patients was evident or provided. When interviewed on 5/31/20007 at approximately 1030 hours, the PA-C readily disclosed that an emergency department physician came to the urgent care area periodically to sign off the charts. However, no written entries to document the quality or appropriateness of care was evident. The physician assistant revealed that the charts had been signed well after discharge of the patients from the emergency department. Cross reference to A0156. 2. Cross reference to A0153, for failure to identify high risk patient safety issues to influence performance improvement. 482.21(e)(1) EXECUTIVE RESPONSIBILITIES The hospital's governing body (or organized group or individual who assumes full legal authority and responsibility for operations of the hospital), medical staff, and administrative officials are responsible and accountable for ensuring that an ongoing program for patient safety, including the reduction of medical errors, is defined, implemented and maintained. This STANDARD is not met as evidenced by: Based on interviews, a review of documents supplied by the hospital, and a review of closed	ROVIDER OR SUPPLER RITIN LUTHER KING JR GEN HOSPITAL SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 27 patients presenting for the evaluation of an emergency medical condition. Patients #62, #63, #64, #65, #66, and #67 had been triaged on 5/31/2007 and sent to the urgent care unit of emergency department. No documentation for physician oversight for these patients was evident or provided. When interviewed on 5/31/2007 at approximately 1030 hours, the PA-C readily disclosed that an emergency department physician came to the urgent care area periodically to sign off the charts. However, no written entries to document the quality or appropriateness of care was evident. The physician assistant revealed that the charts had been signed well after discharge of the patients from the emergency department. Cross reference to A0156. 2. Cross reference to A0156. 2. Cross reference to A0156, for failure to identify high risk patient safety issues to influence performance improvement. 482.21(e)(1) EXECUTIVE RESPONSIBILITIES The hospital's governing body (or organized group or individual who assumes full legal authority and responsibility for operations of the hospital), medical staff, and administrative officials are responsible and accountable for ensuring that an ongoing program for patient safety, including the reduction of medical errors, is defined, implemented and maintained. This STANDARD is not met as evidenced by. Based on interviews, a review of documents supplied by the hospital, and a review of closed	DENTIFICATION NUMBER 050578 B. WING

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A 169	failed to ensure that patient safety, incluserrors, had been demaintained. Findings: Patient #50 came to of the hospital for emedical condition of diagnosed with a biobstructive hydrocetransfer for a highen eurosurgical intermedical record for physician interventieffect a physician to facilitate the transfer Patient #50 failed to assessments to evitor the patient. On #50 signed the patient for a local gowhere neurosurgical in the emergency repressure on the brown of the patient when reviewed, the emergency departments a "Case by risk manageme" Failure to docume a "Delay in transfer When reviewed, die when review	t an ongoing program for ding the reduction of medical efined, implemented and of the emergency department evaluation of an emergency on 2/28/2007. Patient #50 was rain tumor resulting in ephalus, requiring "stat" or level of care for emergent evention. When reviewed, the Patient #50 failed to disclose a ion to stabilize, treat, or to o physician dialogue to er. The medical record for o contain any progress aluate the neurological status 3/3/2007, the family of Patient ient out of the facility and went eneral acute care hospital al intervention was performed oom, in an effort to relieve the	Α-		forwarded to QPIC quarterly. Monitoring consideration of psychiatric specific indication by the ED Medical Director through minutes. Position Responsible: ED Medical Director QI Director	_4	
	that the governing	no documentation to indicate body had initiated or requested re patient safety or to reduce					

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A 169	Continued From pa	ge 29	Α.	169			
A 181	medical errors. The documentation to ir had implemented o reduce medical error	ere was no written idicate that the governing body r maintained a program to ors.		181	Permanent Action: Use of the monitoring below will assure deficiency remains corrected. The QI Di provide remedial training where a patter	rector will	
	staff that operates a	nave an organized medical under bylaws approved by the lis responsible for the quality patients by the hospital.			practices is determined. Monitoring: The Director of Quality Improvement or will use a checklist every two weeks for months and then monthly thereafter, to data collection and trending is occurring will be addressed immediately with the	the first three assure that p. Deficiencies responsible	•
	Based on interviews staff bylaws and the medical staff, the horganized medical approved by the go responsible for the patients by the hose ensure that the medical staff bylaws a body. The hospital medical staff bylaw practitioners within at all locations of the provided at all locations medical staff is responsible.	is not met as evidenced by: s, a review of the medical e rules and regulations of the ospital failed to ensure that an staff operated under bylaws verning body and was quality of care provided to olital. The hospital failed to dical staff had been organized ne body that operated under pproved by the governing failed to ensure that the s applied equally to all each category of practitioners e hospital and to the care ions of the hospital. The consible for the quality of led to patients by the hospital.	•	•	supervisor. Summaries of her findings of forwarded to the QPIC quarterly. Position Responsible: QI Director Finding 3 Immediate Action: The Interim Chief Medical Officer at each officer and concerns are to be disclosed discussed to identify contributing factors and a plan of action. The information are up will be presented to the Executive Consideration and input and if appropria Governing Body. Medical staff were removed. Permanent Actions: Inform and reinforce with physicians the confidentially and anonymously report a concern, including adverse event, medistaffing concerns, through the Patient Staffing concerns, through the Patient Staffing concerns.	ch Medical sirement that d and openly s, root cause ad any follow- omnittee for atte, to the addressed of at they may any care cation errors,	. :
	emergency departn consistent with the appropriate to mee	f failed to ensure that nent staffing had been medical staff bylaws and the needs of the patients uation of an emergency			Monitoring: DHS staff and hospital risk managemer assures follow-up of matters raised on Safety Network. Immediate Action: The Governing Body, acting through the Health Services issued the Interim Chie Officer and the President of the PSA th	nt monitors and the Patient e director of a Medical	7/9/07

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A 181	The medical staf times of patients pr department. (A015)	f failed to evaluate the waiting esenting to the emergency	Α.	181	The Senior Medical Director, as a deleg Governing Body, will attend and particle Performance Improvement Committee of the Quality Council to assure that Gove aware of quality issues and can assure saues are addressed by the hospital properties. Permanent Action: The monitoring below is designed to assure that the council of the counc	pate in the of the PSA an ming Body is that such ocesses.	đ
	concerns of the me body to influence the provided to patients department. (A0185).	dical staff to the governing the quality of care being to in the emergency			corrective actions remain effective. Monitoring: Hospital Administration will review report Body to assure that cases raising syste- included Deficiencies will be address will President and Medical Administration.	rts to Governi	ng e
	bylaws to ensure the of care for each of emergency departr	if failed to enforce its own the quality and appropriateness its patients presenting to the nent for the evaluation of an Il condition. (A0186).			Responsible Person: Hospital Administrator		·
A 185	problems resulted in ensure the provision environment.	ects of these systemic in the medical staffs inability to n of medical care in a safe AFF ACCOUNTABILITY	А	185			
	accountable to the	nust be well organized and governing body for the quality provided to the patients.					
	The medical staff rapproved by the go	nust be organized in a manner overning body.					
	majority of the mer	has an executive committee, a nbers of the committee must cine or osteopathy.					
	the medical staff medicide individual doctor of	for organization and conduct of trust be assigned only to an medicine or osteopathy or, State law of the State in which	•		•		

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A 185	Continued From pethe hospital is located or dental medicine.	ed, a doctor of dental surgery	A	;	mmediate Actions: A multidisciplinary group reviewed and a smergency registration/admitting policy entitled Registration and Financial Screequire original time of arrival to be enterprotective congruer of the second computerized central log to be congruer nursing flow sheet.	ening to	·
-	Based on interview department and se facility documents, well organized and body of the hospital	s not met as evidenced by: s, a tour of the emergency ervice areas and a review of the medical staff failed to be accountable to the governing l, for the quality and care being provided to		1	Tre-programmed the central log to defi- display or print in date time sequence re triage location. Permanent Actions: We of all monitoring below will assure to deficiency remains corrected. The HIM of provide training where a pattern of deficience.	egardless of that the director will	•
	patients presenting for evaluation of an Findings: A tour of the emergical conducted on 5/31 hours. Interviews Medical Director of and MD S, a staff stated that two phythe emergency delinours of the day. If for approximately the medical director stated department was "of the department was "of the day."	gency department was 707 at approximately 1030 were conducted with the the emergency physician. It was raicians were provided to staff partment for the majority of the A third physician was provided wo hours, mid-day. The ated that the emergency wer staffed and had more than	-	: ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	Monitoring: Beginning July 1, 2007, PFS personnel a central EMTALA log to track and trend without triage to medical screening examinated by the screening examinated by the central log will be reconciled accessed expectations will prompt a medical eview, the central log will be reconciled accessed expectations with the medical record. Everage wait times from triage to medical examination as well as ED length of stay to be sented to the ED Collaborative on a reasis along with other identified indicated and formulate corrective action and perfunctional formulate corrections. Once a baseline has stabilished wait times from triage to medical formulate corrections. His perfunction action and perfunctional formulate corrections.	vait times ation as well ait times, ation that cal record for Data on al screening y will be monthly rs t analyze ormance s been dical igth of stay	
	When asked what available when one department to propatient, or to super Care area, or to le or break, or to eva area, it was stated	physician staffing plans were physician left the main vide coverage for a trauma rvise patients in the Urgent ave the department for a meal luate events in the waiting I that physician coverage was te to meet the needs of the		· distribution of the control of the	Medical Director The Interim Chief Medical Officer at each department meeting discussed the requires such as and concerns are to be disclosed discussed to identify contributing factors and a plan of action. The information and will be presented to the Medical Exectormittee for consideration and input an appropriate, to the Governing Body. Medical Staff were reminded to follow charmand when leaves are not addressed.	rement that and openly , root cause d any follow- utive nd, if	

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A 185	This STANDARD Based on interview department and se facility documents, well organized and body of the hospital appropriateness of patients presenting for evaluation of artificity. Interviews the Medical Director of and MD S, a staff estated that two phy the emergency department was "of approximately the emergency department was "of sufficient physician". When asked what available when one department to province area, or to lear the evaluation of the day. In the emergency department to province the emergency department was "of sufficient physician" when asked what available when one department to province the emergency department to	led, a doctor of dental surgery		185	Background: The ED Medical Director misspoke with ED staffing. A review of the staffing staffed with three physicians each shifted for coverage when one physician leaved department for any reason. The Urgent Care is staffed with one passon a.m. to 12:p.m., two physicians fp.m. to 8:00 p.m. and one physician from 12:00 a.m. Urgent Care is closed from 12:00 a.m. Physician coverage can be redistributed and is adjusted based on need. Immediate Action: As discussed in more detail on page 3 hospital is tracking and trending a variatitimes in the ED. When adequate available, the Department of Emergen will re-evaluate standard ED staffing passes make modifications as appropriate. Permanent Action: The monitoring process described belighed the effectiveness of this corrective action. The Chief Medical Officer will review the Department of Emergency Medicing that the re-evaluation occurs. Responsible Position: Chief Medical Officer	chedules for currently for this allow res the main hysician from 12:00 rom 8:00 p.m om 12:00 a.m ed as needed as needed as needed at a is cy Medicine patterns and for will assure from the minutes of th	

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A 185	emergency departrit was learned that were providing autourgent care unit of without physician s A0028. When asked to proof patient waiting the stated that chart reprovide documental However, these we requested. When it that the average tindischarged from the 14 hours. The med and medical directed department stated norm in all hospital Please see A0459, long patient wait time. Separate confident with two long terms at approximately 12 stated that there was regarding physician department. Both pemergency physician department that long insufficient physician dependently stated for the patient populacuity, underserved independently stated governing body integers.	nent patients. During this tour, Physician Assistants (PA-Cs), promous coverage in the the emergency department, upervision. Cross reference to wide a plan for the evaluation mes, the medical director views were conducted to attion of the quality of care. The not produced when interviewed, it was revealed the to be evaluated and the emergency department was ical director of the hospital, or of the emergency that long wait times were the emergency departments. Number 2 for examples of the staff physicians on 06/01/2007 230 hours. Both physicians as considerable concern a staffing in the emergency physicians stated that a new an group had assumed the emergency department on or Both physicians were great times were a result of an staffing to provide coverage ulation, known for its high dipopulation. Both physicians ed that they were powerless to through medical staff or ervention.		185	The Chief Medical Officer notified the E Director that physician assistants shall perform medical screening examination (Attachment B) The ED Medical Director Informed the passistants by e-mail that they may no long the perform medical screening examination medical screening examination medical screening examination medical screening examinations are perform medical screening examinations are perform medical screening examinations are performed to assure the continuing effective these corrective actions. The ED Medical will address deficiencies with responsitive personnel. Monitoring: For the next 30 days, Monday through Quality Improvement staff will review to selected open medical records in the Evalidate that medical screening examine performed by a physician. The ED Medical Director will be notified of discrepancie immediate corrective action. Responsible Positions: Chief Medical Officer ED Medical Director Immediate Action: The Interim Chief Medical officer at earney and a plan of action. The interior cause and a plan of action and, if appropriate, to the Governing B Medical staff were reminded to follow of command when issues are not address rescived. Permanent Action: Inform and reinforce with physicians the confidentially and anonymously report concern, including adverse event, medical concerns, staffing concerns, through the performs.	no longer is. ohysician onger is. All informed by will be ness of sal Director ole Friday, an randomly in to interest and input cosed and input cody. It is and input cody.	6/2/07
A 186	482.22(c) MEDICA	i	Α.	186	safety network.		

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A 186		ust adopt and enforce bylaws	A		Psychiatric evaluations are now provide Los Angeles County PMRT personnel there is no longer an inpatient psychiatat this facility.	ecause	
	Based on interviews documents from the closed patient medifailed to enforce its quality and appropr #3,#28, #29, and #4 emergency department emergency medical Findings: 1. Patient # 3 came of the hospital at 21 Patient # 3 was exphallucinations instructed by a physical patient # 28 came department with se assessed as having was logged in to the at 2106 hours on 0 instructed to wait in hours, on 04/29/200 treatment area of the 104/28/2007. Patient and came to the hounknown quantity of the 104/28/2007. Patient and came to the hounknown quantity of the 104/28/2007. Patient and came to the hounknown quantity of the 104/28/2007. Patient and came to the hounknown quantity of the 104/28/2007.	to the emergency department 30 hours on 04/30/2007. Deriencing auditory sections him to drink bleach with a Patient # 3 was not sician until 0500 hours on to the emergency vere depression and was a suicidal ideation. Patient #28 are emergency department log 4/28/2007. Patient #28 was a the waiting area until 0015 07 when he was taken to the ne hospital. The to the emergency hospital at 1655 hours on the spital after ingesting an			Findings 1-4 Immediate Actions: I'ne Psychiatric Transfer Preparation at Management form has been revised an addresses the documentation status of PMRT consultations and inpatient bed for patients in the ER. This form include (Attachment W) • License Registered Nurse will Psych Risk assessment at initian assessment and with subsequing reassessment every shift. Assessment and with subsequing reassessment every shift. Assessment and with subsequing in the risk criteria are not to wait waiting room. • Sitters (nursing attendant) do interventions and patient's be hourly. • Follow-up a minimum of every for the status of the pending in evaluation and bed availability ilicensed nurse will document patient's medical record the astatus a minimum of every for Upon discovery a licensed nurse will document patient's medical record the astatus a minimum of every for the status of the pending in evaluation and bed availability ilicensed nurse will document patient's medical record the astatus a minimum of every for the status at minimum of every for the status at the pending individual status report. Once report log sheet is used for or within a 24 hour period. • The above log will be kept in binder labeled Psychlatric Palog. • Charge Nurse: psych patients identified on the daily patient faxed to the Department of H Services mental health liaison	d now pending placement es: I document tial uent tess for (1) thers (3) ame. g any of tin the cument havior y four hours PMRT y. The in the bove ur hours. rse will nurse and or log book in nt's psychiatric he patient the ED in a tient Daily is will be list and eaith	

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A 186	Continued From pa			186	The monitoring plan set forth below w to assure the continuing effectiveness corrective actions. The ED nurse man	of the		
	The medical staff n to carry out its resp	nust adopt and enforce bylaws onsibilities.	•		corrective actions. The ED nurse manager will address deficiencies with responsible personnel.			
	This STANDARD is Based on interview documents from the closed patient medifailed to enforce its quality and appropring #3,#28, #29, and #4	s not met as evidenced by: s, a review of selected e hospital, and a review of ical records, the medical staff own bylaws to ensure the iateness of care for Patients 19, presenting to the nent for the evaluation of an			Monitoring: The log book will be reviewed weekly any deficiencies and take corrective a deemed necessary. The ED Collabora Committee will review the data monthly. Quarterly the evaluate the data, create corrective aneeded and report to Quality Council Executive Committee and, as appropring Governing Body. Responsible Person: ED Nurse Man	ection as ative e QPIC will ction as and iate,		
	Findings: .							
	of the hospital at 21 Patient #3 was exp hallucinations instru the intent of suicide	to the emergency department 30 hours on 04/30/2007. Periencing auditory Incting him to drink bleach with Patient #3 was not Sician until 0500 hours on		•	•			
	assessed as having was logged in to the at 2106 hours on 04 instructed to wait in	vere depression and was g suicidal ideation. Patient #28 e emergency department log 4/28/2007. Patient #28 was the waiting area until 0015 07 when he was taken to the						
	04/28/2007. Patient and came to the ho unknown quantity o	ospital at 1655 hours on #29 was suicidal with a plan spital after ingesting an						

		FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA. IDENTIFICATION NUMBER:	A. BU		IPLE CONSTRUCTION	(X3) DATE SU COMPLET	
LAC/MARTIN LUTHER KING JR GEN HOSPITAL (K4) ID SUMMARY STATEMENT OF DETICIENCIES (EACH DETICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) A 186 Continued From page 34 cardiac toxicity in high dosage. Patient #29 was not taken to the treatment area until 1750, and not evaluated by a physician until 1800 hours. 4. Patient #49 presented to the emergency department on 3/6/07 at 0302 hours, with a chief complaint of violent behavior, not taking his medications and was experiencing auditory hallucinations. The patient had arrived from another local area hospital. The patient was identified as having left without being seen at 0535 hours. Policy and Procedure #118, Management of Psychiatric Patients, mandates that psychiatric patients with assessed risks for being a danger to self, a danger to others or gravely disabled, must be taken directly to the treatment area to have a medical screening examination. the governing body falled to ensure that the medical staff complied with its own Policy and Procedures for the treatment of patients coming to the emergency department with a Psychiatric emergency. Number 105, of the medical staff rules and			050578	B. Wil	NG_		06/07	/2007
REACH DEFICIENCY MIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) A 186 Continued From page 34 cardiac toxicity in high dosage. Patient #29 was not taken to the treatment area until 1750, and not evaluated by a physician until 1800 hours. 4. Patient #49 presented to the emergency department on 3/6/07 at 0302 hours, with a chief complaint of violent behavior, not taking his medications and was experiencing auditory hallucinations. The patient had arrived from another local area hospital. The patient was identified as having left without being seen at 0535 hours. Policy and Procedure #118, Management of Psychiatric Patients, mandates that psychiatric patients with assessed risks for being a danger to self, a danger to others or gravely disabled, must be taken directly to the treatment area to have a medical strenging examination, the governing body failed to ensure that the medical staff complied with its own Policy and Procedures for the treatment of patients coming to the emergency department with a Psychiatric emergency. Number 105, of the medical staff rules and			IR GEN HOSPITAL		1	2021 S WILMINGTON AVE		
cardiac toxicity in high dosage. Patient #29 was not taken to the treatment area until 1750, and not evaluated by a physician until 1800 hours. 4. Patient #49 presented to the emergency department on 3/6/07 at 0302 hours, with a chief complaint of violent behavior, not taking his medications and was experiencing auditory hallucinations. The patient had arrived from another local area hospital. The patient was identified as having left without being seen at 0535 hours. Policy and Procedure #118, Management of Psychiatric Patients, mandates that psychiatric patients with assessed risks for being a danger to self, a danger to others or gravely disabled, must be taken directly to the treatment area to have a medical screening examination. the governing body failed to ensure that the medical staff complied with its own Policy and Procedures for the treatment of patients coming to the emergency department with a Psychiatric emergency. Number 105, of the medical staff rules and	PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL .	PREF		(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI	ULD BE	(X5) COMPLETION DATE
the emergency roomwho is known or suspected to be suicidal, otherwise self injurious, or has taken a chemical overdose shall have psychiatric consultation." Number 69 of the medical staff rules and regulations stated that patients were to be seen within one hour for emergency consultations. 5. The medical staff by-laws, and the rules and regulations and PA-C credential files did not specify which types of practitioners could provide medical screening examinations in the ED. There	A 186	cardiac toxicity in h not taken to the tre not evaluated by a 4. Patient #49 pres department on 3/6/ complaint of violent medications and w hallucinations. The another local area identified as having 0535 hours. Policy and Procedu Psychiatric Patient patients with asse to self, a danger to must be taken dire have a medical scr governing body fail staff complied with for the treatment o emergency depart emergency. Number 105, of the regulations describ the emergency roc to be suicidal, othe taken a chemical of consultation." Num rules and regulation be seen within one consultations. 5. The medical sta regulations and PA specify which type	igh dosage. Patient #29 was atment area until 1750, and physician until 1800 hours. ented to the emergency for at 0302 hours, with a chief to behavior, not taking his as experiencing auditory patient had arrived from hospital. The patient was gleft without being seen at ure #118, Management of s, mandates that psychiatric seed risks for being a danger others or gravely disabled, city to the treatment area to reening examination, the led to ensure that the medical its own Policy and Procedures of patients coming to the ment with a Psychiatric emedical staff rules and ped, "Any patient evaluated in permisses of injurious, or has everdose shall have psychiatric abor 69 of the medical staff ones stated that patients were to be hour for emergency.	A .	186			

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A 186	was no documentation assist examinations in the documentation pressorms, to assess the competence to provexaminations and/demergency medica. 5. a. Patients #62, were triaged on 5/3 the Adult Urgent Cascreening examinations and treatment done reviews revealed the treated and discharprior to the time of the ED physician. It that the patients we medical record for demonstrate a time department physicis/31/07 at approximated medical screening made rounds every medical record. 5. b. Patients #5, #5 medical screening main emergency rothe medical records evidence that the sevaluated the patier.	stant (PA-C) performing stant (PA-C) performing ED. There was no sent in the PA-C privileging e qualifications and vide medical screening or to determine if an I condition existed. #63, #64, #65, #66, #67, #68 0 and/or 5/31/07 and sent to are area for their medical tions and treatment. Each edical screening examination by a PA-C. Medical record are patients were evaluated, reged from Adult Urgent Care, supervision or monitoring by The hospital failed to ensure are seen by a physician. The each patient failed to each patient failed to the dentry by the emergency an. When interviewed on mately 1030 hours, the PA-C tening examinations were and supervising ED physician two hours to sign the patient's 7, #9 and #15 received their examination conducted in the tentropy in the physician had not care provided by PA-Cs. and co-signatures of the records	A 1		Finding 5 We note that the medical staff rules do discussion of the types of persons who provide screening examinations (Attack To assure conformity with the medical sand regulations, the Chief Medical Officithe ED Medical Director that physician shall no longer perform medical screening examinations (Attachment B). The ED Medical Director informed all Physician shall no longer perform medical screening examinations (Attachment B). The ED Medical Director informed all Physicians (Attachment C) Permanent Medical screening examinations are perform medical screening examinations are perform medical screening examinations are performed to the monitoring described below that the deficiency remains permanently Monitoring: Starting July 1, 2007, Utilization Review review at least 15% of patients weekly the trend data from arrival to triage and arrival scharge is tracked electronically through the information goes to the Emergency Department Collaborative Committee for evaluation. The reports will go to both the Committee and the Quality/Performance moreovement Committee, which will report to the Executive Committee or Quality Courspectively, and then to the Governing Responsible Position: 21 Director	may iment Y). staff rules be notified assistants ing hysician inger is. All informed by will assure a corrected. Staff will o track and val to it to ime of gh the led weekly. If the staff will or track and val to it in the led weekly. If the staff will or track and val to it in the led weekly. If the staff will or track and val to it in the led weekly. If the staff will or track and weekly.	6/7/07
A 199	by a supervising ph 482.23 NURSING	ysician.	A 1	199			

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A 199	The hospital must I service that provide The nursing service supervised by a regard that provide The nursing services and review documentation, the organized nursing Findings: 1. Nursing services registered nurse sinursing care provide reference to A0204 2. Nursing Services management was manner. Cross refaminates and policies were followed. Cross and policies were followed. Cross reference to A0459 The cumulative effective in the nurpatients received in the nurpatien	have an organized nursing es 24-hour nursing services. es must be furnished or gistered nurse. is not met as evidenced by: staff interviews, medical record of hospital provided e hospital failed to have an service. is failed to ensure that a upervised and evaluated the ded to patients. Cross 4. Is failed to ensure that pain provided to patients in a timely erence to A0455 and A0456. Is failed to ensure that pain provided to patients in a timely erence to A0456 and A0456 and procures for patient care as and procures for patient care as reference to A0456 and fect of these systematic failures sing services' inability to ensure nursing care in a safe SUPERVISION OF NURSING		204	Immediate Actions 1) Although each patient was see registered nurse, specific problemusing care were revealed in Corrective actions in the form cand retraining were implement detail, please see responses u A204 (page 37). 2) A multidisciplinary team of ED and ED nurses reviewed the caprocess. As a result of that restringe policy was revised so the registered nurse notifies the magnetic provider if the patient is experienced in the patient of pair regardless of acuity level. The ED Nurse Manager provide on the revised triage policy #17 The ED Nurse Manager provide on the revised triage policy #17 The ED Nurse Manager provide to all ED RNs on the requirement physicians of all patients waiting that are experiencing pain, which interventions based on the pair to assure the continuing effectiveness of corrective actions. The ED Nurse Manager or designee will and the ED College of pair score. Deficiencies will be patients for appropriateness of pain intervence on pain score. Deficiencies will be presented to the ED College on pain score. Deficiencies will be presented to the ED College on pain score. Deficiencies will be presented to the ED College on pain score. Deficiencies will be presented to the ED College on pain score. Deficiencies will be presented to the ED College on pain score. Deficiencies will be presented to the ED College on pain score. Deficiencies will be presented to the ED College on pain score. Deficiencies will be presented to the ED College on pain score. Deficiencies will be presented to the ED College on pain score. Deficiencies will be presented to the ED College on pain score. Deficiencies will be presented to the ED College on pain score. Deficiencies will be presented to the ED College on pain score. Deficiencies will be presented to the ED College on pain score. Deficiencies will be presented to the ED College on pain score. Deficiencies will be presented to the ED College on t	lems in these cases. If counseling ed. For more of counseling ed. For more of the counseling ed. For more of the triage edical encing pain of the counseling pain of the counseling pain of the counseling ed in-service ed education of the counseling of the seen of the counseling edites er will some. The counseling edites ed education of the counseling edites ed education of the counseling edites edi	6/21/07 6/5/07- 6/14/07, 6/19/07
	A registered nurse	must supervise and evaluate			Chief Nursing Officer ED Nurse Manager		

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A 204	This STANDARD is Based on staff inter and review of hospithe hospital failed to nurse evaluated the of 68 sampled patis of the hospital. (Par #28, #29, #49, #50) Findings: 1. Patient #50 press Department at 095 complaint of headact intensity of headact a reported intensity 10, with 10 being the described his pain his head and that it vomiting. Nursing a documentation idea been experiencing for three weeks, in At 1250 hours, Pattentment area. The emergency department area are orded. Morphing the emergency departments response recorded.	r each patient. s not met as evidenced by: rviews, medical record reviews ital policies and procedures, o ensure that a registered e nursing care provided to 11 ients in the emergency areas tients #2, #3, #5, #6, #7, #26,	A 20	registered nurse, specific procare were revealed in these Corrective actions in the for and retraining were implemedetail, please see response (page 37). 2) A multidisciplinary team of E and ED nurses reviewed the process. As a result of that policy was revised so that if registered nurse notifies the if the patient is experiencing follows physicians order to it medication for pain relief registered the first policy: The ED Nurse Manager process described belows that are experiencing pain, with the experiencies of actions. The ED Nurse Manager will additionally selected charts each week to patients for appropriateness of pain into a pain score. Deficiencies will be additionally selected to the ED Collaborative (will also be presented to the ED Collaborative will also be presented to the ED Collaborative (will also be presented to the Governing Beaudits demonstrate consistency, monitimited to ten charts monthly. Responsible Position: Chief Nursing Officer	oblems in nursing cases. In of counseling ented. For more a under tag A204 Diphysicians current triage review, the triage review, the triage e triage medical provide pain >7/10 and entered and entered ente	6/21/07 6/5/07- 6/14/07 6/19/07
		ent #50 was taken to C1. The ain tumor measuring		ED Nurse Manager		

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A 204	approximately 2.5 c circulation of fluid in swelling from dilate of the brain. An Mil recommended and the presence of a t pineal gland. Mode ventricular system	ige 38 cm. compressing the internal in the brain resulting in internal ition of the ventricular system all image of the brain was completed. This confirmed umor mass in the region of the erate dilatation of the of the brain was noted. The sed with acute obstructive	A 2		A 199 (Cont'd) 3) Remedial actions in the form of counse eeducation on policies and procedures with procedures. In addition, new pain reasses documentation sheet was created to assistationary and recording all elements of a please see tags A 456 and pelow for more detail.	as plicies and psment t nurses in roper pain	
	that Patient #50 wa (narcotic pain med push). The pain as intensity of the pair (6/10) and that he assessment was i re-assessment per that a neuro check	/1/07, nursing notes revealed is administered Dilaudid ication) by IVP (intravenously sessment identified only the in the patient was experiencing had a headache. The incomplete. A nursing formed at 0550 hours revealed had been performed and the Patient #50 had improved.			A 204 mmediate Actions: The ED Nurse Manager counseled the RN porphine 4 mg, but did not follow up on the me medication administration. (Attachment in Ed Nurse Manager educated all ED recurses on the requirements to record the predication administration (Attachment N)	e results of by t N) egistered esults of 6	/1/07 /06/07
	Review of the med patient was assess continued to receive control his headact assessments incluidentify the intensitipain radiation, quadull, burning) and destablished hospitifailed to provide destaff caring for Pat physicians evaluated.			F Tubba a M Osman	ermanent Actions: he monitoring process described below we assure the continuing effectiveness of the prective actions. The ED Nurse Manager Idress deficiencies with responsible personitoring: uality Improvement will review ten randor elected charts weekly to assess document sults of pain mediations. Deficiencies will diressed by the ED Nurse Manager. Dat ese reviews will be presented to the Performent Committee and to the Executorimittees.	rill be used nese rwill connel. mly tation of li be commance	
	identified that the p	hours, nursing documentation patient complained of occipital ensity of pain was recorded as		С	esponsible Position: hief Nursing Officer D Nurse Manager		

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A 204	Continued From pare 5/10. The patient was nor were non-medic Nursing documental had no deficits note sentence stated c/o when ambulating. For documentation failed evidence that the number of the patient's and blurred vision to symptom by a physical three patient was not symptom by a physical three patient #50 complated the patient for patient for patient identified being 9/10 (severe) include a completed pain. The patient repain. Although a physical to contain docurse caring for the ED physician evaluation for the patient and his formed to another hospital. Hospital Against Mewas witnessed by the #50. The form was addition, the medical	ge 39 as not given pain medication cation interventions provided. tion identified that Patient #50 d. However, the very next (complaint of) blurred vision leview of nursing d to provide documented urse caring for the patient had a physician regarding the pain ne patient was experiencing. It evaluated for the neurological ician. In otes described that inde of increased head pain as the intensity of pain as a the intensity of pain as a the intensity of pain as a the intensity of the patient's ceived Dilaudid 1 mg. IV for the patient was obtained for the patient was obtained for the patient had insured that an		204	Immediate Actions: DEFICIENCY) The ED Nurse Manager counseled the RI to assess the effectiveness of pain medic record the attributes of pain as required by the ED Nurse Manager conducted in-servitor all ED RNs regarding appropriate door pain assessments and the requirements for assessment of after medication. Training provided on clear documentation standard (Attachment N) A new pain reassessment documentation created to assist nurses in covering and relements of a proper pain reassessment, effectiveness of pain medication. (Attach Permanent Actions: The monitoring process described below to assure the continuing effectiveness of corrective actions. The ED Nurse Manage address deficiencies with responsible per Monitoring: The ED Nurse Manager or designee will randomly selected charts each week to a patients for appropriateness of pain intervon pain score. Deficiencies will be address ED Nurse Manager. Data from the weekly be presented to the ED Collaborative collid also be presented to the QPIC month evaluate it, crate corrective actions as ne report it to Quality Council and Executive and as appropriate to the Governing Bod audits demonstrate consistency, monitori limited to ten charts monthly. Responsible Positions: Chief Nursing Officer	N who falled ation or to y policy. ice training umentation of or any was also ds. sheet was ecording all including the ment AA) will be used these er will scenel. review ten ssess ED rention based sed by the y reviews will mulitee. Data by, which will cessary Committee, y. Once	£/19/07
	physician or had rec Review of the hospi	int had been assessed by a ceived discharge instructions. itals's established policy titled, ons (#102), identified that all					

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A 204	patients discharged department would instructions for hom referrals. Nursing dox format, identified continued to have elected blurred vision was condition. The doct the patient with corpain was discharge medication to continued to continued to continued vision was discharged medication to continued the patient with case of the patient with initial pain assintensity, location, aggravating or aller patient's self report an assessment was were to include the duration, quality and factors of the pain. When medication within an hour for a pain assessments pain location, qualithrobbing, shooting duration variation amanagement and management and management and management and management and management and management with or assessments, reas modalities (distractions, comfort medication, comfort medicati	if from the emergency receive condition appropriate the care and appropriate occumentation, via a check the ed that Patient #50 who episodes of severe pain and being discharged in improved unentation also revealed that attinued headaches and severe ed from the ED without for future episodes of pain. If the hospital's policy titled, (#377), was received. The at the nurse was to document essments the description, duration, quality and viating factors based on the sto be completed and factors description, intensity, location, and aggravating or alleviating. The policy also described that was administered to relieve less was to be documented adults. The policy identified that were to include pain intensity, ty of pain (sharp, dull, g, aching, tearing), onset, and patterns, present pain effectiveness, pain my and effects of pain (impact y living, sleep, appetite, thers and emotions). Pain issessments, treatment effort measures, repositioning, teasures), medication and	Α.	Tree en ado c	The ED Nurse Manager and a nurse provided supplemental training to all the importance of contacting physicineed to be a patient advocate. The ED Nurse Manager counseled the falling to document notification of the a change in condition was noted. The ED Nurse Manager counseled the Rivecord the attributes of pain as required by the ED Nurse Manager conducted inservall ED RNs regarding appropriate documents for regarding appropriate below vessure the continuing effectiveness of the actions. The ED Nurse Manager, will addeficiencies with responsible personnel. Vonitoring: The ED Nurse Manager or designee will regard manager. Data from the weekly revious Manager. Data from the weekly re	ED RN staff cans and the last and	F · 7/9/07
	effectiveness were	to be documented in the view of the medical record,					

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A 204	documented evider Patient #50 had foll established policy for 2. Patient #69 pres department on 3/8/complaint of stomal weeks. The nurse of in all four quadrant patient's back. It was had multiple episod today. The patient is severe with a score identified that the process of the patient is severe with a score identified that the process of the patient is severe with a pressure ser documentation reviews and that in pain was further dewith a pressure ser documentation reviews 133/59. No treat rate 97, respin was 133/59. No treat rate 97, respin was 133/59. No treat rate pain or rectime of triage. Two hours later, at signs were re-asset Temperature of 10 respirations 20 and as 118/62. The pat severe abdominal provided. At 0110 hours, the treatment area. The severe pain, record on-going assessments.	or the state of the nurses caring for lowed the hospital's or pain management. ented to the emergency of, at 2242 hours, with a chief che pain for the past two documented that the pain was and radiated in to the as documented that the patient les of nausea and vomiting dentified her pain as being of 10 out of 10. The patient ain she was experiencing was nothing provided relief. The ascribed as aching and burning realed that the patient was acial grimacing. Vital signs remperature 102.8 degrees, rations 24 and blood pressure atment was provided to duce the patient's fever at the country of the patient had a 2.4 degrees, heart rate 102, a blood pressure was recorded ient continued to experience pain. No treatments were patient was transferred to the e patient continued to have ded as 7/10 without an ent as required by established		Immediate Actions: The ED Nurse Manager provided educating RNs on discharge assessments. Permanent Actions: The monitoring process described below assure the continuing effectiveness of the actions. The ED Nurse Manager, will addeficiencies with responsible personnel. Monitoring: Ten randomly selected charts will be reviewed to validate competion of discharge by RNs. Deficiencies will be discussed by RNs. Deficiencies will be discussed by RNs. Deficiencies will be considered to excutive will be review and create corrective action as need at a will then be reported to Executive Co to the Governing Body as appropriate. Responsible Position: Chief Nursing Officer	will be used to se corrective dress awed each assessments ith the reported to hich will asssay. This	
	severe pain, record on-going assessm	ded as 7/10 without an			٠	

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A 204	was placed on oxygine patient was despain. At 0400 hours revealed that the partient #69 was not physician until 0518 described as having was in moderate to continued to experion the pain was assess sounds and abdom Review of the mediphysician order, time morphine 2 mg. IV Regian (for nauseautime period do not assessment as required.	gen by mask. At 0220 hours, scribed to have decreased is, nursing documentation eatient had no orders for care the physician assistant. It seen or evaluated by a shours. The patient was g a fever (103. 4 degrees) and a severe distress. The patient ence severe pain and nausea. Ined an acuity of 10/10. The ed to have decreased bowel	A 2	H	her to review the triage and pain ma policies. (Attachment N) A multidisciplinary team of ED physicionurses reviewed the current triage presult of that review, the triage policy so that the triage registered nurse no provider if the patient is experiencing and follows physicians order to initial medication for pain relief regardless level. The ED Nurse Manager provided inservised triage policy #114, which allow initiate interventions for pain relief. The ED Nurse Manager provided educe RNs on the requirement to notify phy patients waiting to be seen that are expain, which requires interventions be pain, which requires interventions be pain policy. The ED Nurse Manager provided educe RNs on all requirements to administe medication within 30 to 60 of physicial remains the continuing effectiveness of the ctions. The ED Nurse Manager, will addicationing: The ED Nurse Manager or desired the continuing: The ED Nurse Manager or desired the continuing: The ED Nurse Manager or desired the continuing: The ED Nurse Manager or desired the continuing:	and instructed nagement and ED rocess. As a revised of the pain of triage acuit ervice on the awa nurses to cation to all Ensicians of all experiencing sed on the allon to all ED or pain an's order. will be used to se corrective ress	6/19/07 6/21/07 6/21/07 — 6/14/07, 6/19/07 6/29/07- 07/09/07
	ED, the patient was services to undergo. The ED nurse's disevidence that the prior to being discharge of the preo 3/9/07 and times 00 patient was experied. 3. The medical reche presented to the with left flank pain. nurse until three here.	is transferred to surgery of an exploratory laparotomy. Incharge note did not provide retient was evaluated for pain larged to surgical services. In perative nursing record dated 1910 hours described that the encing severe pain (10/10). In perative nursing record dated 10/10 are pain (10/10). In perative nursing record dated 10/10 are pain (10/10). In perative nursing record dated 10/10 are pain (10/10). In perative nursing record dated 10/10 are pain (10/10). In perative nursing record dated 10/10 are pain (10/10). In perative nursing record dated 10/10 are pain (10/10). In perative nursing record dated 10/10 are pain (10/10). In perative nursing record dated 10/10 are pain (10/10).			review ten randomly selected of week to assess ED Patients for appropriateness of pain interver pain score. Deficiencies will be the ED Nurse Manager. Data is reviews will be presented to the Collaborative Committee. Data is presented to the QPIC monthly, evaluate it, create corrective act necessary, and report it to the Q and Executive Committee and a the Governing Body.	arts each stion based on addressed by om the weekly ED will also be which will lons as	·

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M	וטנדו	PLE CONSTRUCTION	(X3) DATE SI	JAVEY	
AND FLAN C	P CORRECTION	IDENTIFICATION NOWBERL	A. BUI	LDIN	G	CONTE		
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NAME OF P	ROVIDER OR SUPPLIER	,	-		REET ADDRESS, CITY, STATE, ZIP CODE			
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX i	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO) IMPRESS REFERENCED TO THE APPR PROGRAMMENT OF THE PROPERTY OF THE PROPERTY OF THE PROVIDER OF THE PROV	ULD BE COPRIATE	COMPLETION DATE	
A 204	Continued From pa	ige 43	A	204	or pain medication no longer works for the	facility.]	
	triage nurse docum 1730 hours, the nu- assessment of the evaluated by a phy- no documented evi	nented his pain was 8/10. At rise documented the first full patient. The patient was sician's assistant. There was idence a physician saw Patient was not administered to			The ED Nurse Manager provided education ED RNs regarding timeliness to pain medited administration from physician's order. Permanent Actions: The monitoring process described below we see the process of the process.	ication 7/	/07 – 7/9/07	
•	Patient #5 until 210 he presented to the provided to Patient that he eloped from	to the state of th		i i	used to assure the continuing effectivenes corrective actions. The ED Nurse Manage ddress deficiencies with responsible pers ucnitoring:	s of these er, will cannel,		
•	that he came to the for a "surgical cons He was triaged at pain. When he wa four hours later he nurse documented seen. No medical s	cord for Patient #6 identified a ED at 1812 hours on 5/11/07 cult for (his) umbilical hemia." 1845 and complained of 5/10 is called to the treatment area did not answer. At 0100 the Patient #6 left without being iscreening examination had determine if the patient had an all condition.			The ED Nurse Manager or designee value ten randomly selected charts each was assess ED patients for appropriateners intervention based on pain score and timeliness to administration of medical Deficiencies will be addressed by the Nurse Manager. Data from the weekl will be presented to the ED Collaborat Committee. Data will also be presented QPIC monthly, which will evaluate it, of corrective actions as necessary, and report to the Quality Council and Executive Committee and as appropriate, the Goldson.	eek to ss of pain stion. ED y reviews tive ed to the reate report it		
	presented to the E "spotting" during he was 2 months preg triaged and a preg positive. When the treatment area 2 h being seen. Patien hours on 5/14/07, bleeding for three triaged by the nurs documented evide how much the patino documented re	ord for Patient #7 showed she D at 2045 hours on 5/11/07 for er pregnancy. She stated she mant. At 2140 hours, she was nancy test was documented as patient was called to the ours later, she had left without t #7 returned to the ED at 1306 with a complaint of vaginal days. She had 8/10 pain when e at 1315 hours. There was no nce the ED nurse evaluated ent was bleeding. There was assessment of her condition		Vi population silver si	he ED Charge Nurse makes randomly spasits to the ED waiting area to validate that allents awaiting care have been registered counted for. The Nursing Supervisor maintair visits on evening and night shifts. Inulidisciplinary team of ED physicians are uses reviewed the current triage process, suit of that review, the triage policy was reat the triage registered nurse notifies the nowider if the patient is experiencing pain > in follows physicians order to initiate pain edication for pain relief regardless of acuit rel.	all fand are kes and ED As a evised so nedical 7/10 6	6/21/07 5/5/07 — 1/14/07, 5/19/07	
<u> </u>	until she was taker hours later at 1730	n to the treatment area four I hours. No pain		pro	vised triage policy #114. The ED Nurse M pylded education to all ED RNs on the puriement to notify physicians of all patien	lanager .		

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED		
		050578	B. WIN	1G_	•	06/0	7/2007	
	ROVIDER OR SUPPLIER	IR GEN HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 12021 S WILMINGTON AVE LOS ANGELES, CA 90059					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		PREFIX TAG PREFIX TAG PROVIDERS PLAN OF CORRECTION PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIATE OF CORRECTION)			(XS) COMPLET DATE	ICN
A 204	medication/interver the products of con ultrasound done an physician at 2235 h miscarriage. 6. Patient #2 came 4/30/07 at approximating at 1250 househarp pain of 10, or the most severe. No initiated in the triageto the treatment are hours and received later Approximate presented to the EI general surgery cor evaluate the acute. The patient was ad surgery for an explohemia repair. 7. The medical received documented the terminal repair. 7. The medical received documented the terminal repair. 112/07 with right a by the nurse and do on a 1-10 scale (10 level was 100%, his and his blood pressions the nurse documented he had respiratory rate was 135/70, oxygen sat was anxious and respiratory a	ation was given. She passed ception while having an d was discharged by a ours after having had a to the ED of the hospital on nately 1207 hours. When irs, she identified she had in a 1-10 scale, with 10 being to pain interventions were a area. The patient was taken as five hours later at 1815 pain medication one hour by 20 hours after she D, at 0830 hours on 5/1/07, a insultation was provided to abdominal pain for Patient #2. The mitted to the hospital and had bratory laparotomy and ventral	A2	204	A204 cont'd from page 43 Permanent Actions: The monitoring process described below used to assure the continuing effectiventhese corrective actions. The ED Nurse will address deficiencies with responsible personnel. Monitoring: The ED Nurse Manager or designee will randomly selected charts each week to a patients for appropriateness of pain interbased on pain score. Deficiencies will baddressed by the ED Nurse Manager. If the weekly reviews will be presented to the Collaborative Committee. Data will also presented to the QPIC monthly, which wit, create corrective actions as necessarilit to Quality Council and Executive Committee actions as necessarilit to Quality Council and Executive Committee to the Governing Body. If the demonstrate consistency, monitoring will to ten charts monthly. Responsible Position: Chief Nursing Officer ED Nurse Manager The nurse responsible for the delay administering the pain medication is works for the facility. A multidisciplinary team of ED physicans revised so that the triage nurse notifies the medical provider patient is experiencing pain >7/10 a physicians order to initiate pain me pain relief regardless of acuity leve The ED Nurse Manager provided in the revised triage policy #114. The ED Nurse Manager provided all ED RNs on the requirement to in physicians of all patients waiting to that are experiencing pain, which in interventions based on the pain pointerventions based on the pain pointerventions based on the pain pointerventions based on the pain painterventions based on the painterventions based on	review ten assess ED revention e coata from the ED be fill evaluate y and report mittee, and conce audits I be limited if the and follows dication for I.	6/21/07 6/5/07 — 6/14/07,	6/19/0

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIEF/CLIA AND PLAN OF CORRECTION (DENTIFICATION NUMBER:			(X2) MULTI A. BUILDIN	PLE CONSTRUCTION .	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER RTIN LUTHER KING	IR GEN HOSPITAL	1	REET ADDRESS, CITY, STATE, ZIP CODE 2021 S WILMINGTON AVE OS ANGELES, CA 90059		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPROPRICIENCY)	ULDBE	(X5) COMPLETION DATE
A 204	No pain medication interventions were re-assessment of ta treatment area fron 2/13/07, his pail laboratory tests and ordered for Patient administered at 08 ordered and approximately 14 hand 19 hours after There was no doct or medical staff we laboratory test rest interviews on 6/1/0 patient "fell through 8. Number 105 of regulations stated emergency room be suicidal, otherway a chemical overdous consultation." Numrules and regulations. Patients #3, #28, #Emergency Depart complaints failed to upon arrival to the receive an emergency of arrival.	n or other pain relieving provided. There was no he patient until he was taken to be hours later. At 0530 hours n was 8/10. At 0645 hours, d pain medication ,were #26. The pain medication was 40 hours; two hours after being kimately 8 and 1/2 hours after a ED. Laboratory test results until 2100 hours. This was ours after they were ordered Patient #26 came to the ED. Imented evidence the nursing re following-up to ensure the alts were obtained. During 7, medical staff stated this	More to a control of the real	monitoring process described below will sture the continuing effectiveness of these ective actions. The ED Nurse Manager was deficiencies with responsible person itoning: ED Nurse Manager or designee will revisionly selected charts each week to assess that for appropriateness of pain intervention score. Deficiencies will be addressed that seach week to assess that for appropriateness of pain intervention will also be presented to the ED Collaborative Commit will evaluate it, create corrective action essary and report it to Quality Council and butive Committee, and as appropriate to the mill evaluate it, create corrective action essary and report it to Quality Council and butive Committee, and as appropriate to the milling Body. Once audits demonstrate sistency, monitoring will be limited to ten of this. ED Nurse Manager counseled the RN will be ediate Action: ED Nurse Manager provided reeducation. ED Nurse Manager provided reeducation. ED wasting room based on new acuity and paint to the triage policy. Tanent Actions: monitoring process described below will be sure the continuing effectiveness of these ective actions. The ED Nurse Manager will be sure the continuing effectiveness of these ective actions. The ED Nurse Manager will be personal toring: andomly selected ED medical records we were actionable in provement Committee and at a will then be reported to the Executive miltee.	te iii iii iii iii iii iii iii iii iii i	
A 452				mittee.		

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 06/22/2007

FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SLIRVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING. 050578 06/07/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 12021 S WILMINGTON AVE LAC/MARTIN LUTHER KING JR GEN HOSPITAL LOS ANGELES, CA 90059 PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
A204 CONT'D from Pages ENCY) SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (23) NOTE PLACE YHERY. PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG Finding 4 and 6 Immediate Actions A 452 Continued From page 46 A multidisciplinary team of ED physicians and ED nurses reviewed the current triage process. As a The hospital must meet the emergency needs of 6/21/07 result of the review, the triage policy was revised so patients in accordance with acceptable standards that the triage registered nurse notifies medical of practice. provider if the patient is experiencing pain ≥ 7/10 and follows physicians order to initiate pain medication for This CONDITION is not met as evidenced by: pain relief. Based on staff interview and review of policies The ED Nurse Manager provided in-service on the and procedures, medical staff rules and revised triage policy #114. regulations and medical records, the hospital: The ED nurse manger provided education to all ED 6/5/07 - 6/14/dz. RNs on the requirement to notify physicians of all 1. Failed to ensure the immediate availability of patients waiting to be seen that are experiencing pain services, qualified personnel and other hospital which requires interventions based on the pain policy. departmental services to provide prompt evaluation and treatment of patients presenting to Permanent Actions: the emergency department (A455, A459). he monitoring process described below will be used p assure the continuing effectiveness of these 2. The hospital failed to follow their policies and corrective actions. The ED Nurse Manager, will procedures (P&P), by-laws, rules and regulations ddress deficiencies with responsible personnel. developed to ensure medical screening Monitorina: examinations were conducted by appropriately qualified individuals (A456). The ED Nurse Manager or designee will review ten randomly selected charts each week to assess ED patients for appropriateness of pain intervention based on pain score. Deficiencies will be addressed 3. The hospital failed to ensure on - call physicians saw patients when specialty by the ED Nurse Manager. Data from the weekly consultation was requested. (A456). reviews will be presented to ED Collaborative Committee and will also be presented to the Performance Improvement Committee monthly, 4. The hospital failed to ensure pain management which will evaluate it, create corrective actions as was provided in a timely manner (A455). necessary, and report it to the Executive Committee and as appropriate, the Governing Body. 5. The hospital failed to ensure stabilizing treatment for emergency medical conditions was Responsible Position: Chief Nursing Officer provided (A455) and failed to ensure timely Finding 6 transfer of individuals who needing a higher level immediate Actions of care transfer of patients who required services The ED Nurse Manager provided reeducation for all

not available at the hospital (A455).

The cumulative effect of these systemic failures resulted in an immediate threat to the health and

safety of all patients presenting for treatment at

the Emergency Department. At approximately

to the triage policy.

Eth RNs on the need to reassess triaged patients in the ED waiting room, based on acuity and pursuant

The ED Nurse Manager provided reeducation to all

ED RNs on the need to inform the physician on delays in the patient receiving a consultation.

PRINTED: 06/22/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X3) DATE SURVEY COMPLETED (XZ) MULTIFLE CONSTRUCTION STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION A BUILDING B. WING 050578 06/07/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 12021 S WILMINGTON AVE LAC/MARTIN LUTHER KING JR GEN HOSPITAL LOS ANGELES, CA 90059 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION 'n (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) A204 Cont'd from nage 45 A 452 A 452 Continued From page 46 Permanent Actions: The hospital must meet the emergency needs of The monitoring process described below will be used to patients in accordance with acceptable standards assure the continuing effectiveness of these corrective of practice. actions. The ED Nurse Manager will address deficiencies with responsible personnel. This CONDITION is not met as evidenced by: Monitoring: Based on staff interview and review of policies and procedures, medical staff rules and The ED Nurse Manager or designee will review ten regulations and medical records, the hospital: randomly selected charts each week to assess for appropriateness of triage acuity score based on the Emergency Severity Index, and, if applicable, whether the 1. Failed to ensure the immediate availability of score was appropriately changed after the patient was services, qualified personnel and other hospital eassessed. The ED Nurse Manager will address departmental services to provide prompt deficiencies with responsible individuals. Data from the veekly reviews will be presented to ED/QI. Data will also evaluation and treatment of patients presenting to be presented to the Performance Improvement the emergency department (A455, A459). Committee monthly which will evaluate it, create corrective actions as necessary, and report it to the 2. The hospital failed to follow their policies and xecutive Committee and as appropriate, the Governing procedures (P&P), by-laws, rules and regulations developed to ensure medical screening examinations were conducted by appropriately For the next 30 days, Monday through Friday, UR RNs viil review ten randomly selected open medical records in qualified individuals (A456). the ED to validate that consults were performed by a physician; that there is a consulting physician's note; and that the consultation was timely. The Chair of the relevant department will be notified of discrepancies for The hospital failed to ensure on - call physicians saw patients when specialty inimediate corrective action as necessary. The data will consultation was requested. (A456). then be reported to the Executive Committee. 4. The hospital failed to ensure pain management Responsible Position: Chief Nursing Officer was provided in a timely manner (A455). **ED Nurse Manager** 5. The hospital failed to ensure stabilizing treatment for emergency medical conditions was provided (A455) and failed to ensure timely transfer of individuals who needing a higher level of care transfer of patients who required services not available at the hospital (A455).

The cumulative effect of these systemic failures resulted in an immediate threat to the health and safety of all patients presenting for treatment at the Emergency Department. At approximately

FORM CMS-2567(02-99) Previous Versions Obsolete

Facility ID: CA060000035

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
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A 452 A 455	1530 hours on 6/7/6 notified of the imme	07, hospital administration was	A 452 A 455	·		-
	The services must departments of the This STANDARD is Based on observation review, the hospital provision of emergineeds of 20 of 68 sevaluation of an en (Patients #2, #3, #5#36, #49 #50, #62, #65, #66, #67, #68 The hospital failed 1. Follow their policiby-laws, rules and ensure medical screen conducted by apprentices.	s not met as evidenced by: ion, interview and record if ailed to ensure the timely ency services to meet the ampled patients presenting for nergency medical condition. 5, #6, #7, #9, #15, #23, #26, #63, #64, ,and #69). to: ies and procedures (P&P), regulations developed to eening examinations were opriately qualified individuals.	· !	Finding #1 & 2 Immediate Actions The Chief Medical Officer notice Medical Director that physician shall no longer perform medice examinations. (Attachment B) The ED Medical Director Information physician assistants by e-mail no longer perform medical screexaminations. All medical screexaminations are performed by (Attachment C) Fermanent Actions: The monitoring process described below assure the continuing effectiveness of corrective actions.	n assistants al screening med the that they ma eening eening y a physician	
	back up specialty of 3. Ensure pain man timely manner, 4. Provide stabilizing medical conditions 5. Ensure timely transport to the cumulative efforces and available of the cumulative of the Emergency De	ansfer of individuals who evel of care transfer for	F E	• Ten randomly selected medic be reviewed daily to track triage to medical screening Data from these daily reviewed to the ED Collabo Committee and the process evaluated as a result of this realso be presented to the Improvement Committee mont evaluate it, develop correcting necessary, and report it to Committee and as appropressary, and review will monthly review. Position Responsible: D Medical Director D Nursing Manager Chief Medical Officer	the time from the control of the con	m

<u> </u>	10 1 OLI MEDIOWIE	A WILDIOAID SLITVIOES				CIVID 19C.	0200-0221	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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LACIMA	rtin Luther King J	IR GEN HOSPITAL		L	os angeles, ca 90059			
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				- :	miedate Actions:			
A 452	Continued From pa	nge 47	A.	452	 The Interim Chief Medical Office 	er ordered a	i 6/14/07	
	1530 hours on 6/7/	07, hospital administration was			MLK Department Chiefs to disc	configure the	, , ,	
	notified of the imme				practice of using Physician Ass consultations in the ED. All EI	sistants for		
A 455		PRATION OF EMERGENCY	Α	455	Will be performed by an attendi	ra chysician	S	
	SERVICES				(Attachment (Attachment)		6/19/07	
					 The ED Nurse Manager provide instructing all Ed RN's regarding 	ed a letter		
		be integrated with other			Assistants cannot provide cons	ig Physician iults.	6/19/07	
	departments of the	hospital.			(Attachment)			
!					The Interim Chief Medical Offic Department Chief The Interim Ch	er instructed	211 7/4/57	
		is not met as evidenced by:			Department Chiefs to ensure the physicians are aware of the new	ed to docume	ig this	
		ion, interview and record		_	Ineir consultations (Attachment	5	''	
		I failed to ensure the timely		P(rmanent Action: ne monitoring process described below			
		ency services to meet the campled patients presenting for		CC	inumuma enectiveness of these correcti	assure the		
		nergency medical condition.		M	pnitoring:			
		5, #6, #7, #9, #15, #23, #26,			For the next 30 days, Monday t	hrough Friday	} ,	
	#36, #49 #50, #62,				Qualified Improvement staff will randomly selected open medica	l review ten	ا ا	
	#65, #66, #67, #68				ED to validate that consults were	e performed	by	
. •	,,	,			a physician and that there is a d	consulting		
ı	The hospital failed	to:			physician's note. The Chair of department will be notified of di	ine relevant Screpancies f	he .	
	·				immediate corrective action.			
		cies and procedures (P&P),			Ten randomly selected ED reco	rds of patient	\$	
		regulations developed to			will be reviewed each week to v presence of the attendees note.	alidate the		
		reening examinations were			these audits will be presented to	the .		
	conducted by appr	opriately qualified individuals.	i		Performance Improvement Com	mittee, which		
		physicians saw patients when			will review and create corrective Necessary. This data will then I	e actions as]	
		consultation was required.			Ine Executive Committee and to	the Governin	la	
	timely manner,	nagement was provided in a			I BODY as appropriate. The Chair	of the comic	5	
		ng treatment for emergency			will be notified of discrepancies actions.	tor corrective		
	medical conditions			Po	sition Responsible:			
		ansfer of individuals who	1	Int	erim Chief Medical Officer			
		evel of care transfer for		lm	 mediate Actions:			
	services not availa		`		ED nurse manager counseled th	e RN who	6/19/07	
		•			gave morphine 4mg, but did not	receive the]	
		ect of these systemic failures	1		results of the medication administration and the ED nurse manager educated all	stration.	6/15/07	
		ediate threat to the health and	1		I nurses on the requirements to re	ent bone]	
		s presenting for treatment at	ľ		results of medication administrat	ion.		
		partment. At approximately			(Attachment)+()			
	1530 hours on 6/7/	07, hospital administration was	ł					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SU COMPLET		
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TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	- 1	CROSS-REFERENCED TO THE APPR Finding #4 DEFICIENCY) Immediate Actions:	OPHAIE	
A 452	Continued From pa 1530 hours on 6/7/ notified of the imme	07, hospital administration was	A 4	152		e the results	e of
A 455	482.55(a)(2) INTE(SERVICES	BRATION OF EMERGENCY	A 4	155	nurses on the requirements to recoff medication administration (Attainmediate Action: The ED nurse manager designate:	ord the result chment).	s .
	departments of the	,			educator to provide reinforced edu policy #114 to ensure that patients appropriately triaged and assigned level based on the Emergency Ser	scation of ED are a triage acr	ty
	Based on observat review, the hospita	is not met as evidenced by: ion, interview and record I failed to ensure the timely		ļ	I ne nurse educator provided this straining. A multidisciplinary team of ED phy	supplemental sician and En	
	needs of 20 of 68 sevaluation of an en	ency services to meet the sampled patients presenting for nergency medical condition. 5, #6, #7, #9, #15, #23, #26,		•	nurses reviewed the current triage result of that review, the triage pol so that the triage registered nurse provider if the patient is experience and follows physician order to initia	icy was revise notifies medic ing pain > 7/1	d
	#36, #49 #50, #62, #65, #66, #67, #68	#63, #64, ,and #69).			medication for pain relief regardles acuity level. The ED nurse manager provided in revised triage policy #114.	s of triage	re
	The hospital failed	•		4	The ED nurse manager provided e ED RNs on the requirement to noti	fy physician o	
	by-laws, rules and ensure medical sc	cies and procedures (P&P), regulations developed to reening examinations were			all patient waiting to be seen that a experiencing pain, which requires to based on the pain policy.	are	,
	2. Ensure on - call back up specialty	opriately qualified individuals. physicians saw patients when consultation was required. nagement was provided in a	•	ti	ermanent Actions: he monitoring process described below assure the continuing effectiveness of prective actions. The ED nurse managed ddress deficiencies with responsible po	of these ner. will	
	4. Provide stabilizi medical conditions 5. Ensure timely tr	ansfer of individuals who evel of care transfer for		r a E	onitoring: ne ED nurse manager or designee will andomly selected charts each week to propriateness of triage acuity score b mergency Severity Index, timely reass triage level and triage score adjust.	assess for ased on the essment base	1
	resulted in an imm safety of all patien the Emergency De	fect of these systemic failures dediate threat to the health and ts presenting for treatment at epartment. At approximately /07, hospital administration was		te W 6/	needed, and pain intervention based of the ED nurse manager will address defice sponsible individuals. Data from the will be presented to ED Collaborative Coll also be presented to the QPIC month all also be presented to the QPIC month all also be presented to the QPIC month all also be presented to the QPIC month as no port it to the Executive Committee and propriate Governing Body. Once audit	iciencies with reekly reviews ommittee. Dat hly, which will ecessary, and	

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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAS	.	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR Consistency, monitoring will be limited	ULD BE IOPRIATE	DATE COMPLETION (X2)
	notified of the imme	07, hospital administration was		452	monthly. The charge nurse on each shift will be reviewing the people in the ED waiting bnce per shift to determine whether the waiting for service. Anyone without an iband will be questioned as to their state appropriately directed.	room at least y are patient dentification	
	departments of the This STANDARD i Based on observati review, the hospital provision of emergineeds of 20 of 68 s	s not met as evidenced by: ion, interview and record I failed to ensure the timely ency services to meet the campled patients presenting for			The nursing shift supervisor will random ndividual patients are entered into the patient not entered into the ED central Immediately entered into the central log any variance will be recorded in the daileport.	central log. A log shall be L Reports of	у
		,and #69).					•
	by-laws, rules and ensure medical scr conducted by appr 2. Ensure on - call back up specialty of 3. Ensure pain maintimely manner, 4. Provide stabilizing medical conditions 5. Ensure timely tra	ansfer of individuals who evel of care transfer for					
	resulted in an imm safety of all patient the Emergency De	ect of these systemic failures ediate threat to the health and is presenting for treatment at partment. Af approximately '07, hospital administration was				·	

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BUII		PLE CONSTRUCTION	(X3) DATE SI COMPLE	
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•	notified of the imme	07, hospital administration was ediate jeopardy.			Immediate Actions: The emergency medicine attend (in MLK-H will identify patients require neurosurgical intervention based of	NO :	at
A 455	SERVICES	BRATION OF EMERGENCY be integrated with other	A 4	155	guidelines. A protocol has been established to patients with specific neurosurgical condition receive timely transfer. (i ciinicai Attachment D	
	departments of the				The ED physician or the Patient FI will then contacts the MAC operate him/her of the patient need transfe MAC determines the accepting/rec	or, informing r. elving facility	
	Based on observati review, the hospital provision of emerge	ion, interview and record failed to ensure the timely ency services to meet the			based on a rotation schedule when MAC will contact the Patient Flow I receiving facility regarding the neer transfer.	Manager at the	e
	evaluation of an en				The Patient Flow Manager at the re promptly contacts the neurosurgeo arranges the physician-to-physician physician at MLK-H speaks directly neurosurgeon at the receiving facili provided a brief summary of the pa	n on call and n contact. ED with ity and tient's finding	
1	The hospital failed	to:			Any clinical suggestions by the rec neurosurgeon, which are within the the hospital and the scope of practi physician, will be incorporated into	capability of	
	by-laws, rules and ensure medical scr	ies and procedures (P&P), regulations developed to eening examinations were opriately qualified individuals.		•	transfer plan of care. The respective facility Patient Flow shall work with MAC to coordinate the ACLS transport.	Managers the transfer vi	
	2. Ensure on - call back up specialty of 3. Ensure pain martimely manner,	physicians saw patients when consultation was required. nagement was provided in a	•		All appropriate and completed documaging studies shall accompany the lift the ED physician determines that impediment to the transfer, he/she the Chief Medical Officer at the receipt facilitate the transfer.	e patient. there is any shall contact elving facility	
	medical conditions 5. Ensure timely tra	ansfer of individuals who evel of care transfer for	•	8	With respect to all patient transfers, patient diagnosis, a transfer log is n MLK-H Patient Flow Manader. A multidisciplinary group meets Mor Friday to review all transfers that he place based on this log, to resolve a identified from completed transfers,	naintained by nday through ive taken invissues	
	resulted in an imme safety of all patient the Emergency De	ect of these systemic failures ediate threat to the health and s presenting for treatment at partment. At approximately 07, hospital administration was		••	patients waiting for transfer, and to statue of patients requiring transfer. neurosurgical patients who are pendulibe reviewed as part of this procumulibe reviewed as part of this procumulibrector in charge of patient flow. The procumulibrector is charged to the product of t	update the Any ling transfer ess. inistrative his Patient	٠

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		PLE CONSTRUCTION G	(X3) DATE SU COMPLET	RVEY ED
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A 452	Continued From pa	ge 47	A.	452	neurosurgical patient, in a tim The medical administrative D	ely manner.	ì
	1530 hours on 6/7/0 notified of the imme	07, hospital administration was	A	455	assure that there is high level contact with potential receiving an effort to expedite transfer. Monitoring:	physician	n
	The services must departments of the	be integrated with other hospital.			The Patient Flow Manager manager transfers. Data regard transfers is aggregated and performance improvement Countries, and Governing Body where appropriate the Executive Committee, and Governing Body where appropriate in the Executive Committee.	ing patient resented to committee and then to the	I
•	Based on observati review, the hospital provision of emerge needs of 20 of 68 s evaluation of an en	ion, interview and record ifailed to ensure the timely ency services to meet the ampled patients presenting for nergency medical condition.			Position Responsible: Chief Medical Officer Permanent Action: With respect to all patient transfers, red	ardless of	
	(Patients #2, #3, #5 #36, #49 #50, #62, #65, #66, #67, #68 The hospital failed	and #69).			patient diagnosis, a transfer log is main I Patient Flow Manager. A multidisciplic meets Monday through Friday to review that have taken place based on this log any issues identified from completed tra- acilitate patients waiting for transfer, and tatus of patient requiring transfer. Any	nary group all transfer , to resolve insfers, to	
	by-laws, rules and ensure medical scr conducted by approa. Ensure on - call back up specialty of 3. Ensure pain martimely manner,	ies and procedures (P&P), regulations developed to eening examinations were opriately qualified individuals. physicians saw patients when onsultation was required. hagement was provided in a			attents who are pending transfer will be art of this process. ALK-H has identified a medical adminis the charge of patient flow This Patient Flor offices Medical Administration whenever impediments to transferring a patient, in eurosurgical patient, in a timely manne dministrative staff will assure that there hysician contact with potential receiving an effort to expedite transfer.	e reviewed as trative directo av Manager or there are cluding r. The medica	ŗ
	5. Ensure timely tra required a higher le services not availal	unsfer of individuals who evel of care transfer for ble at the hospital.					
	resulted in an imme safety of all patient the Emergency De	ect of these systemic failures ediate threat to the health and s presenting for treatment at partment. Af approximately 07, hospital administration was	•				•

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A 455	department) on 2/2 chief complaint of I with occasional nar 1003 hours, the Palexperiencing sever 10, on a scale of or most severe. Patie was located at the was relieved by volassigned a triage a policy, an acuity of had a major illness. At 1250 hours, Pattreatment area. No revealed "steady mm. A Glascow Corecorded (a standareflecting speech, A score of 15 is not patient #50 was as department physic tenderness" was nor "Psych" abnormational revealed 16, white count of 10,8 Morphine 4 mg was	ented to the ED (emergency 8/07 at 0950 hours, with a neadache (comes and goes) usea. At the time of triage, tient described that he was re pain, that scored nine out of ne to 10, with 10 being the ent #50 described that the pain back of his head and that it miting. The patient was reuity of three. Per hospital three indicated the patient for injury, but was stable. See the #50 was taken to the ursing assessment at that time gait ", pupil sizes of 33 and 31 oma Scale score of 15 was ardized series of observations pain, orientation and speech. It is seessed by the emergency ian, at which time "paraspinal oted, but no " Neuro" changes nalities recorded. A blood 44 gms. of hemoglobin and a 800 (upper normal range). Its administered in the		results of the medication adm ED nurse manager educated registered nurses on the requirect nurses on the requirect the results of medication administration. (Attachment Notes administration.) Permanent Actions: The monitoring processes described be used to assure the continuing effectives corrective actions. Monitoring: Quality Improvement will review ten rancharts weekly to assess documentation bein medication. Deficiencies will be added a point of the Performance Improver Committee and to the Executive Committee and	chreceive the inistration. all ED inistration. all ED in irements to continuous elected of results of idressed by the views will be nent ittee. require that all clinical (Attachment I) in physician at generosurgical elines. by Manager will orming him/her eiving facility in it maintains, eceiving facility in on call and in contact. ED with tity and tient's findings.	5/19/07 5/15/07
	the medication add A CT head scan w physician.	ment, however, the results of ministration was not recorded. as ordered by the ED	•	Any clinical suggestion by the rece neurosurgeon, which are within the the hospital and the scope of practi physician, will be incorporated into transfer plan of care.	iving capability of ce of the ED	
Ī	TAT TOOU NOUTS PAT	ient #50 was taken to CT. The	ŀ	į .	1	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M	-	PLE CONSTRUCTION	(X3) DATE SU COMPLET	
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A 455	report revealed, "si with periventricular subependymal ede heterogeneous ma with caudal extensi fourth ventricle." Tumor measuring a compressing the inbrain resulting in in of the ventricular si image of the brain completed. This completed. This completed. This completed. This completed dilatation the brain was noted that Neurosurgery the hospital, "will a MAC is the medical County. This is the Los Angeles County written documental contact had been in "Acute Obstructive A physician order in written at 1653 hours and the consultation in medical consultation in medical consultation, province in the consultation, province in the consultation, province in the consultation, province in the consultation at 1900 in the consulta	gnificant ventricular dilatation changes consistent with ma. This may be related to a ss near the region of the pineal on to a level near the proximal he scan revealed a brain pproximately 2.5 cm. temal circulation of fluid in the temal swelling from dilatation ystem of the brain. An MRI was recommended and onfirmed the presence of a region of the pineal gland. In of the ventricular system of dilater center for Los Angeles e central clearing house for all ty hospitals.) There was no tion that physician to physician initiated. A clinical impression of Hydrocephalus" was recorded. The presence of a neurosurgery consult was	Α.		The neurologist in addition to cosconsultation wrote comments and recommendations on the consultation on the consultation on the consultation on the consultation of patients from MLK-H to other facilities the patient Flore Manager (or where the physician) presents additional clinic receiving. In this instance, there were receiving in the footage an appropriate placement corporate patient left AMA. Immediate Actions: The emergency medicine attending physician) at MLK-H will identify prequiring neurosurgical interventions specific guidelines. A protocol has been established to patients with specific neurosurgical conditions receive timely transfer (The ED physician or the Patient Flewill then contact the MAC operator him/her of the patient needing transfer.	inates transfe es. The MAC ient, and the re appropriate cal data to the ro available The MAC ate placement uid not be four g (ED atients n based on o require that a at clinical (Attachment D ow Manager r, informing	rd all

	FOF DEFICIENCIES OF CORRECTION			(X2) MULTIPLE CONSTRUCTION A. BUILDING.			(X3) DATE SURVEY COMPLETED	
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A 455	the neurologist had #50. This finding was Staff rules and regunote. The consultate "Stat MAC transfer service" was required. A written order for it facility was provided attending ED physic written documentate actually spoken with clinical situation of receiving hospital testing that Patien consent on 2/28/07. At 0350 hours on Marevealed that Patien Consent on 2/28/07. At 0350 hours on Marevealed that Patien Dilaudid (narcotic perior (intravenously pushevidence that a ED assessed the neuron A nursing re-assess hours revealed that performed and the had improved. Additional nursing a at 0730, 0900,1100. These nursing assection of the status assessments indicated to move all four extra No physician assess	tain documented evidence that actually examined Patient es in violation of the Medical plations requiring a written ion request form revealed that to a facility with neurosurgical ed. MAC transfer to Neurosurgical ed at 1717 hours by the clan. There was, however, no ion that any physician had in or discussed the emergent Patient #50 with a proposed to facilitate transfer for Patient intained in the medical recording #50 signed a transfer	A	•	The respective facility Patient Flow shall work with MAC to coordinate via ACLS transport. All appropriate and completed doct imaging studies shall accompany the ED physician determines that ANY impediment to the transfer, he contact the Chief Medical Officer at receiving facility to facilitate the transfer facility to facilitate the transfer of patient diagnosis, a transfer log imaintained by MLK-H Patient Flow A multidisciplinary group meets Mo through Friday to review all transfer taken place based on this log, to resisues identified from completed trafacilitate patients waiting for transfer update the status of patients required Any neurosurgical patients who are transfer will be reviewed as part of process. MLK-H has identified a Medical Add Director in charge of patient flow. Flow Manager notifies the Medical Administrative Director whenever Impediments to transferring a patient timely manner. The Medical Admin Director will assure that there is highly sician contact with potential recinstitutions in an effort to expedite the Patient Flow Manager ma of patient transfers. Data regapatient transfers is aggregated presented to Performance Imponitive, and then to the Godon the Position: Responsible Position: Interim Chief Medical Officer	ments and the patient. There is a shall the shall the ensier. The paralless is a shall the ensier and to ensier and to ensier and to ensier a shall the ensier are entities in level in l		

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A 455	Review of the medipatient was assess continued to receive control his headach assessments includidentify the intensity pain radiation, qual dull, burning) and destablished hospital failed to provide do physicians provided care. Except for the did not see the Pation of the patient was a comment of the patient was a comment of the patient was a comment of the neurological at 1100 hours, Patient received Dialithough a physician medication, the patient pain medication, the patient received patient	cal record revealed that the ed by nursing staff and ed Dilaudid and morphine to be pain. The nursing pain died only a numerical score to or of pain but failed to identify ity (ache, throbbing, sharp, constancy, as required by dipolicy. The medical record cumented evidence that ED di on-going assessments and a initial consult, the neurologist itent #50 again. Thours, nursing documentation and #50 complained of occipital ensity of pain was recorded as as not given pain medication cation interventions provided. Action further identified that no are the two patient was not evaluated by symptom by a physician. The patient was not evaluated being 9/10 (severe). The laudid 1 mg. IV for pain. It is patient's medical record in order was obtained for the patient's medical record incumented evidence that the	Α.	Pe The the Put	The Interim Chief Medical Office MLK Department Chiefs to disc practice of using Physician Assi consultations in the ED. All ED will be performed by an attendir (Attachment BB) The ED Nurse Manager provide instructing all Ed RN's regarding Assistants cannot provide consu (Attachment J) The Interim Chief Medical Office Department Chiefs to ensure the physicians are aware of the nee their consultations (Attachment) manent Action: monitoring described below will be us continuing effectiveness of these come sition Responsible: erim Chief Medical Officer mediate Actions: ED nurse manager counseled the gave morphine 4mg, but did not results of the medication adminis ED nurse manager educated all nurses on the requirements to re results of medication administrat (Attachment H)	ontinue the istants for consultations ag physician. If a letter g Physician ults. If a letter instructed a at all attendin d to documer BB) sed to assure ection actions e RN who receive the stration. ED registered to cord the	6/19/07 6/19/07
	At 1150 hours, Pat	ient #50 and his family three days, they were tired of					6/19/07
	waiting for transfer #50 signed out AM	to another hospital. Patient A (against medical advise) to ewhere. The "Leaving Hospital			,		6/15/07

A 455 Continued From page 52 against Medical Advice* form was noted to be incomplete. In addition, the medical record failed to contain documented evidence that at the time of discharge, Patient #50 had been assessed by a physician or had received discharge instructions. On 6/1/07 and 6/5/07 discussions with hospital staff regarding the care of Patient #50 and quality assurance, Identified that the medical care received by Patient #50 was deemed to be appropriate. The hospital was requested to provide any and all documentation related to the patient's care as well as any quality of care review confirmed a failure of the ED physicians to document assessments of Patient #50 was received at 1340 hours on 6/5/07. The case review confirmed a failure of the ED physicians to document assessments of Patient #50 to ritree days. Further review of the summary Identified that there was a county system – wide plan to provide any assurance and official reconstructions. A case review of the summary Identified that there was a county system – wide plan to provide any system – wide plan to provide any system – wide plan to provide and psychiatic patients awaiting transfer and other departments would assume responsibility for their patients are a county system – wide plan to provide any syste		OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUT		PLE CONSTRUCTION .	(X3) DATE S COMPLE	
A 455 Continued From page 52 against Medical Advice* form was noted to be incomplete. In addition, the medical record failed to contain documented evidence that at the time of discharge, Patient #50 had been assessed by a physician or had received discharge instructions. On 6/1/07 and 6/5/07 discussions with hospital staff regarding the care of Patient #50 and quality assurance, Identified that the medical care received by Patient #50 assure responsibility for the care of internal medicine are swell as any quality of care reviews. A case review summary for Patient #50 was needed at 1340 hours on 6/6/07. The case review confirmed a failure of the ED physicians to document assessments of Patient #50 was needed by a physician or 3/6/07 for its team in the transfer process of patients between hospitals, Patient #50 was a pending transfer to a higher level of care on 3/6/07 from to leaving the hospital against medical exists. As of 6/7/07, the county system - wide plan to provide neurosurgical services and to streamline the transfer process of patients to be enimplemented. 2. Patient #69 presented to the emergency department on 3/8/07 at 2242 hours, with a chief			050578	B. WIN	IG		06/0	7/2007
A 455 Continued From page 52 against Medical Advice" form was noted to be incomplete. In addition, the medical record failed to contain documented evidence that at the time of discharge, Patient #50 had been assessed by a physician or had received discharge instructions. On 6/1/07 and 6/5/07 discussions with hospital staff regarding the care of Patient #50 and quality assurance, identified that the medical care received by Patient #50 was deemed to be appropriate. The hospital was requested to provide any and all documentation related to the patient's care as well as any quality of care review confirmed a failure of the ED physicians to document assessments of Patient #50 was received at 1340 hours on 6/5/07. The case review confirmed a failure of the ED physicians to document assessments of Patient #50 for three days. Further review of the summary identified that there was a county system - wide plan to provide neurosurgical services and to streamline the transfer process of patients between hospitals. Patient #50 for three days. Further review of the summary identified that there was a county system - wide plan to provide neurosurgical services and to streamline the transfer process of patients between hospitals against medical advice. As of 6/7/07, the county system - wide plan to ensure the prompt provision of adequate neurosurgical care had not been implemented. 2. Patient #60 was a pending transfer to a higher level of care on 3/8/07 prior to leaving the hospitals against medical advice. As of 6/7/07, the county system - wide plan to ensure the prompt provision of adequate neurosurgical care had not been implemented. 2. Patient #60 was a pending transfer to a higher level of care on 3/8/07 prior to leaving the plan of commentation and to capture encounter times. PREFICK CROSS-REPRENCY To The ED Medical Director indused education for all education of the physicians, the same of hist and patients are provided education of the provide and patients and patients are provided and patients and patients are			ir ģen Hospital		12	2021 S WILMINGTON AVE		
against Medical Advice" form was noted to be incomplete. In addition, the medical record falled to contain documented evidence that at the time of discharge, Patient #50 had been assessed by a physician or had received discharge instructions. On 8/1/07 and 6/5/07 discussions with hospital staff regarding the care of Patient #50 and quality assurance, identified that the medical care received by Patient #50 was deemed to be appropriate. The hospital was requested to provide any and all documentation related to the patient's care as well as any quality of care reviews. A case review summary for Patient #50 was received at 1340 hours on 6/5/07. The case review confirmed a failure of the ED physicians to document assessments of Patient #50 for three days. Further review of the summary identified that there was a county system - wide plan to provide neurosurgical services and to streamline the transfer process of patients between hospitals. Patient #50 was a pending transfer to a higher level of care on 3/3/07 prior to leaving the hospital against medical advice. As of 6/7/07, the county system - wide plan to ensure the prompt provision of adequate neurosurgical care had not been implemented. 2. Patient #69 presented to the emergency department on 3/8/07 at 2242 hours, with a chief	PREFIX	 (EACH DEFICIENC) 	MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	ULD BE	COMPLETION ETAD
complaint of stomach pain for the past two weeks. The nurse documented that the pain was in all four quadrants and radiated in to the patient's back. It was documented that the patient had multiple episodes of nausea and vomiting on process. Physicians were also reminded to document the patient's condition at change of shift and to document that the patient's care was transferred to the oncoming physician by name (Attachment K).	A 455	against Medical Ad incomplete. In addito contain documer of discharge, Patier a physician or had instructions. On 6/1/07 and 6/5/staff regarding the assurance, identifier received by Patient appropriate. The hoprovide any and all patient's care as wereviews. A case review sum received at 1340 horeview confirmed a document assessindays. Further reviet that there was a coprovide neurosurgithe transfer process hospitals. Patient finitials against me county system - wiprovision of adequitient for the provide neurosurgital against me county system - wiprovision of adequitient for stoma weeks. The nurse in all four quadrant patient's back. It were applied to the stoma weeks. The nurse in all four quadrant patient's back. It were applied to the stoma weeks. The nurse in all four quadrant patient's back. It were applied to the stoma weeks. It were applied to the stoma weeks. The nurse in all four quadrant patient's back. It were applied to the stoma weeks. It were applied to the stoma were applied to the stoma weeks. It were applied to the stoma were applied to the stoma weeks. It were applied to the stoma were applied to the stoma we	vice" form was noted to be tion, the medical record failed need evidence that at the time of #50 had been assessed by received discharge //O7 discussions with hospital care of Patient #50 and quality ed that the medical care if #50 was deemed to be ospital was requested to documentation related to the ell as any quality of care mary for Patient #50 was ours on 6/5/07. The case of failure of the ED physicians to nents of Patient #50 for three wo fithe summary identified ounty system - wide plan to cal services and to streamline is of patients between \$50 was a pending transfer to a e on 3/3/07 prior to leaving the edical advice. As of 6/7/07, the de plan to ensure the prompt atteneurosurgical care had not sented to the emergency //O7 at 2242 hours, with a chief ach pain for the past two documented that the pain was as and radiated in to the as documented that the patient	A	155	mmediate Actions – Patient 50 The ED Medical Director provided for all ED physicians on "change of patient hand-off recommendations, directive requires specific acknowle and documentation of the hand-off shift (Attachment K). A hospitalist position on all shifts we to the Emergency Department team assume responsibility for the care of medicine patients who are admitted H, the hospitalist assumes responsibility for the care of a medicine patients who are admitted H, the hospitalist assumes responsibility for a medicine patient participation of care as a medicine patient patient patients and modifying the plan of care as and the departments would assurresponsible for neurosurgical, orthorous and psychiatric patients awaiting trained other departments would assurresponsibility for their patients. For the ED physicians, the smart che physician documentation record, what tool, used to assure consideration of important clinical questions) was implemented to improve physician documentation and to capture encolitimes. The ED Medical Director informed E physicians at a department meeting followed-up with a written directive the physicians at a department meeting followed-up with a written directive the physicians at the beginning shift. They were also informed of the responsibility to meet with oncoming physicians at the end of shift to prove appropriate information as part of the on process. Physicians were also re to document the patient's condition a change of shift and to document that patient's care was transferred to the oncoming physician by name (Attact	f shift and "This edgement s on each ras added n to of internal if to MLK- ibility for atient is or atient is holding iodically, equired. In pedic ansfer ne art (a nich is a if unter D o all ED ole for itients of each eir if ide e pass minded at t the	3/07

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A 455	The patient continuand nausea. The p throughout her ED At 0950 hours, 11 IED, the patient was services to undergous 3. The medical red documented the te emergency departs 2/12/07 with right aby the nurse and don a 1-10 scale (10 level was 100%, hi and his blood preshours the nurse documented he have been a sepiratory rate was anxious and redocumentation about the ED. No pair relieving interventino re-assessment taken to a treatme 0530 hours on 2/1 0645 hours laboral were ordered for Federal medication was accordinately 8 auto the ED. Laboral available until 210 approximately 14 and 19 hours after There was no docordinately staff were ordered staff were ordered staff were ordered staff were medical staff were ordered staff were was no docordinately staff were ordered staff were was no docordinately staff were ordered st	atient experience severe pain atient experienced severe pain stay. nours after presenting to the stransferred to surgery on exploratory laparotomy. cord for Patient #26 enager presented to the ment (ED) at 2355 hours on abdominal pain. He was triaged etermined to have pain of 10 0/10). His oxygen saturation is pulse 95 respirations were 18 sure was 113/69. At 0040 cumented the patient was faulty breathing. The nurse at wheezing in his lungs, his as 22, blood pressure was turation was 97% and that he estless. There was no but why he was left in the lobby in medication or other pain ons were provided. There was of the patient until he was no at area five hours later. At 3/07 his pain was 8/10. At tory tests and pain medication or attent #26. The pain diministered at 0840 hours; and 1/2 hours after he presented fory test results were not	A 4		Permanent Action: The monitoring process described beloused to assure the continuing effective these corrective actions. Monitoring: Ten randomly selected medical records eviewed daily to track the time from trimedical screening examination. Data fally reviews will be presented to the Ecollaborative Practice Committee and twill be re-evaluated as a result of this namprovement Committee monthly which evaluate it, create corrective actions as and report it to the Executive Committee proprinter, the Governing Body. Osition Responsible: D Medical Director D Nurse Manager The ED Nurse Manager provided enall ED RNs on the requirement to an physicians of all patients waiting to that are experiencing pain, which reinterventions based on the pain pol (Attachment H). A multidisciplinary team of ED phys ED nurses reviewed the current trianguages are result of that review, the triaging was re-designed to provide for a medical screening examination. This includes the following: The triage nurse and registing process and the reprocess can occur simultate of the process can occur simultate of the patient's clin presentation, tests and tre (including pain manageme ordered and carried out.	ducation to to the seen equires licy sicians and age process. The process equires licy sicians and age process. The process ore timely is process. The process stration at the egistration ineously. The process of the process of the process of the process of the process. The process of the pr	6/19/07

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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A 455	The patient continuand nausea. The pathroughout her ED throughout her ED. At 0950 hours, 11 I ED, the patient was services to undergrowing the patient was services to undergrowing. 3. The medical reducumented the teemergency departs 2/12/07 with right aby the nurse and don a 1-10 scale (10 level was 100%, hi and his blood preshours the nurse docomplaining of diff documented he have respiratory rate was 135/70, oxygen sawas anxious and relieving interventino re-assessment taken to a treatme 0530 hours on 2/1 0645 hours labora were ordered for medication was acapproximately 8 at to the ED. Labora available until 210 approximately 14 and 19 hours after There was no docor medical staff was	atient experience severe pain atient experienced severe pain stay. Hours after presenting to the stransferred to surgery an exploratory laparotomy. Cord for Patient #26 enager presented to the ment (ED) at 2355 hours on abdominal pain. He was triaged etermined to have pain of 10 0/10). His oxygen saturation is pulse 95 respirations were 18 sure was 113/69. At 0040 cumented the patient was iculty breathing. The nurse of wheezing in his lungs, his is 22, blood pressure was furation was 97% and that he estless. There was no out why he was left in the lobby in medication or other pain ons were provided. There was of the patient until he was int area five hours later. At 3/07 his pain was 8/10. At tory tests and pain medication Patient #26. The pain diministered at 0840 hours; and 1/2 hours after he presented at 1/2 hours	A	Ti . u:	Patients who are identified as a L at the time of triage, will be broug emergency treatment area. At the arrival, the ED charge nurse will physician of the patient's priority nu physician will acknowledge the patient's priority nu physician will acknowledge the patient's condition as possible. If a patient's condition is RN will verbally notify the physician RN will verbally notify the physician RN will verbally notify the physician according to the reassess triaged patients in the El room, based on their acuity and at the triage policy number 114 Attack A multidisciplinary team of Nursing. Pathology reviewed the current prodering, collecting and delivering ED. The process was re-designed the following (Attachment Q): O All laboratory orders are the hospital computerize system. The Laboratory prints a list of ordered tereviews the orders on this hour. O A laboratory runner goes every 30 minutes, collect specimens and follow-up ordered specimens that a available for retrieval. If I been received in the lab hour, the lab sends some collect sample. O The ED Nurse Manager peducation for all ED RNs outstanding lab results. ermanent Action: The monitoring process described belowed to assure the continuing effectiven are colors.	the back to the etime of motify the yplacing the ite board imber. The stient by perform the second as a coritical, the in. e re-eed to D waiting coording to chment O). ED and coesses for labs for the to include entered in d order entry Supervisor sts and s list every it to the ED s the lab on any are not abs have not within one content to include the include the include s list every it to the ED s the lab on any are not abs have not within one content to include the included re-on their	

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PRINTED: 06/22/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED IDENTIFICATION NUMBER: A. BUILDING 050578 06/07/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 12021 S WILMINGTON AVE LACIMARTIN LUTHER KING JR GEN HOSPITAL LOS ANGELES, CA 90059 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREEIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY Immediate Action - Patient 36: A 455 Continued From page 55 A 455 The Interim Medical Director directed the interviews on 6/1/07 medical staff stated this chairs of the Department of Medicine. Women's and Child health and Surgery that patient "fell through the cracks." physician assistants will no longer be conducting medical consultations in the ED 4. a. The medical record for pediatric Patient #36 (Attachment BB). showed she presented to the emergency It was determined that there was no longer a need for neurosurgical transfer based on the department at 1030 hours on 3/20/07 for results on the shunt series, but this was not vomiting, lethargy, cough and congestion. She clearly documented. The Chair of Department had a history of a ventriculoperitoneal shunt for of Women's and Child's health will counsel this hydrocephalus and began to feel bad after a visit physician on the lack of clear documentation of the change in treatment plan. to the dentist. Documentation shows the presence of a shunt malformation and/or infection Permanent Action: was being ruled out. A neurology consult was The monitoring process described below will be ordered. At 1230 the physician's assistant (PA-C) used to assure the effectiveness of these corrective saw the patient to perform the neurology actions consultation. There was no documented evidence a neurologist saw the patient; however, the PA-C en randomly selected ED records of patients who documented the recommended plan, in seceived a consult, including those who received consultation with the neurologist, would be consults on the weekends will be reviewed each eek to validate that all consults were performed evaluation and management by a neurosurgeon by a physician and that there is a consulting on an urgent basis to assess the functioning of physician's note. The Chair of responsible the shunt. Since neurosurgeons were not department will be notified of discrepancies for available at the hospital the PA-C recommended corrective actions. Results of these audits will be transfer to another hospital. The child was in the presented to Performance Improvement Committee, which will review and create corrective emergency department until 2200 hours but there action as necessary. The data will then be reported was no documented evidence a neurosurgeon Executive Committee: was contacted or that efforts were made to Positions Responsible: transfer the patient to a hospital with this service **ED Medical Director** available. The patient was discharged to the Interim Chief Medical Director mother's care. Interviews conducted with the Medical Director of the hospital on 06/01/2007 and a review of an administrative document of 03/07/2007 and 03/12/2007, revealed that Neurosurgical back up specialty coverage had been scheduled to terminate on 02/28/2007. However, arrangements had been made to extend Neurosurgical coverage by staff neurosurgeons "through 04/2007. "Medical staff interviews revealed that the emergency

department physicians were not informed that

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hours the nurse documented Patient #8 left without being seen. No medical screening

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	hours the nurse d	ocumented Patient #6 left n. No medical screening			each physician assistant, be that they may no longer pe	v e-mail.	677107 _.

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OMB NO. 0938-03 (X3) DATE SURVEY

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COMPLETED

B. WING

06/07/2007

NAME OF PROVIDER OR SUPPLIER

LACIMARTIN LUTHER KING JR GEN HOSPITAL

STREET ADDRESS, CITY, STATE, ZIP CODE 12021 S WILMINGTON AVE LOS ANGELES, CA 90059

(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION)

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CROSS-REFERENCED TO THE APPROPRIATE
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(XS) COMPLETION DATE

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Continued From page 56

contractural coverage had been extended and available.

4. b. At 1215 hours on 3/20/07 radiological tests of Patient #36's shunt was ordered. Documentation shows the patient went to x-ray at 1325 hours, but the tests were not performed because the radiology department did not know what to do. At 1415 hours the patient was again sent to the radiology department for the tests. The test results were not available for diagnosis and/or treatment until 1700 hours; 6 and 1/2 hours after Patient #36 presented to the ED.

5. The medical record for Patient #5 documented he presented to the ED at 1139 hours on 5/11/07 with left flank pain. He was not seen by a triage nurse until three hours later, to determine the severity of his symptoms. At 1448 hours, the triage nurse documented his pain was 8/10. At 1730 hours the nurse documented the first full assessment of the patient. The patient was evaluated by a physician's assistant. There was no documented evidence a physician saw Patient #5. Pain medication was not administered to Patient #5 until 2100 hours, 9 and 1/2 hours after he presented to the ER. No further treatment was provided to Patient #5 and it was documented that he eloped from the ED at 0000 hours on 5/12/07.

6. The medical record for Patient #6 Identified that he came to the ED at 1812 hours on 5/11/07 for a "surgical consult for (his) umbilical hemia." He was triaged at 1845 hours, and complained of 5/10 pain. When he was called to the treatment area, four hours later, he did not answer. At 0100 hours the nurse documented Patient #6 left without being seen. No medical screening

A 455 Permanent Action:

The monitoring processes described below will be used to assure the effectiveness of these corrective actions.

Monitoring:

ren randomly selected medical records will be eviewed daily to track the time from triage to medical screening examination. Data from these daily reviews will be presented to the ED Collaborative Practice Committee and the process will be re-evaluated as a result of this review. Data will also be presented to the Performance Improvement Committee monthly, which will evaluate it, develop corrections actions as recessary, and report it to the Executive Committee and as appropriate to the Governing body. Once the Executive Committee concludes that the process is stable, the daily record review will concert to a monthly review.

Position Responsible: ED Medical Director

ED Nurse Manager

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1250 hours, she identified she had sharp pain of

severe. No pain interventions were initiated in the

treatment area five hours later at 1815 hours, and

Approximately 20 hours after she presented to

10 on a 1-10 scale, with 10 being the most

triage area. The patient was taken to the

received pain medication one hour later.

triaging area to perform

The triage nurse and registration

clerk are co-located so that the triaging process and the

registration process can occur

A physician will be available to the

examination. This process includes the

simultaneously.

following:

PRINTED: 06/22/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (XZ) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A BUILDING B. WING 050578 06/07/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 12021 S WILMINGTON AVE LACIMARTIN LUTHER KING JR GEN HOSPITAL LOS ANGELES, CA 90059 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (XS) APLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) Continued From page 57 A 455 screening examination, based on the A 455 ٥ patient's clinical presentation, test examination had been performed to determine if and treatments (including pain the patient had a medical emergency condition. management) will be ordered and carried out. Patients who are identified as a Level 7. The medical record for Patient #7 showed she 1 and 2 at the time of arrival, the ED presented to the ED at 2045 hours on 5/11/07 for charge nurse will notify the physician "spotting" during her pregnancy. Patient #7 of the patient's arrival by placing the stated she was 2 months pregnant. At 2140 hours 6/21/07 patient's pseudo name on the while she was triaged and a pregnancy test was board along with the patient's priority number. The physician will documented as positive. When the patient was acknowledge the patient by initialing called to the treatment area 2 hours later, she had the white board and will perform the left without being seen to determine if an medical screening examination as emergency condition existed. soon as possible. If a patient's condition is critical, the RN will 6/21/07 verbally notify the physician. Patient #7 returned to the ED at 1306 hours on The ED Nurse Manager counseled the 5/14/07 with a complaint of vaginal bleeding for registered nurse who did not evaluate the three days. She had 8/10 pain when triaged by amount of bleeding. The Chief Medical Officer notified the ED the nurse at 1315 hours. There was no 6/8/07 Medical Director that physician assistants shall documented evidence the ED nurse evaluated no longer perform medical screening how much the patient was bleeding. There was examinations. (Attachment B) no documented re-assessment of her condition, The EDMedical Director informed each until she was taken to the treatment area, four Physician Assistant by e-mail that they may no longer perform medical screening examination. hours later, at 1730 hours. No pain (Attachment C) medication/intervention was given. Her medical screening exam was conducted by a PA-C. She Monitoring: passed the products of conception while having The Ed Nurse Manager or designee will review ten randomly selected charts each week to . an ultrasound done, and was discharged by a assess ED patients for appropriateness of pain physician at 2235 hours, after having had a intervention based on pain score. Deficiencies miscarriage. will be addressed by the ED Nurse Manager. Data from the weekly reviews will be presented . 8. Patient #2 came to the ED of the hospital on to the ED Collaborative Committee. Data will also be presented to the QPIC monthly, which 4/30/07 at approximately 1207 hours. When

triaged at

1250 hours, she identified she had sharp pain of

severe. No pain interventions were initiated in the

treatment area five hours later at 1815 hours, and

Approximately 20 hours after she presented to

10 on a 1-10 scale, with 10 being the most

triage area. The patient was taken to the

received pain medication one hour later.

Rosition Responsible:

ED Medical Director ED Nurse Manager

charts monthly.

will evaluate it, create corrective actions as

necessary and report it t Quality Council and

Governing Body. Once audits demonstrate consistency, monitoring will be limited to ten

Executive Committee, and as appropriate to the

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	surgery consultation acute abdominal predical record for bedside. However that the general suprovided by a Physical Patient #23 cardepartment on 4/3 hours, for the eval pregnancy. At 186 indicated that the unable to admit Pashort staff." There documentation to the appropriate profile a	surs on 5/1/07, a general on was provided to evaluate the ain for Patient #2. The closed Patient #2 revealed "Dr. "at review of the record revealed argery consultation had been sician Assistant (PA-C). The to the emergency of the emergency of the emergency of the emergency of the hospital of the emergency of the hospital of the emergency department was attent #23 to the hospital of the emergency department was attent #23 to the hospital of the emergency of the hospital of the emergency of the emergency of the emergency of the emergency hospital at approximately 2040. The emergency hospital at approximately 2040 of the emergency of the nurse documented the all ideations with a plan to drink the triaged the patient as a emajor illness) and left him in the one hour before taking him ment area. The valuated by the emergency of th			Patient 23 Immediate Action ~ Pate #3: • A multidisciplinary team of and ED nurses reviewed the process. As a result of that triaging process was re-desprovide for a timely medical examination. This process following: (Attachment O) • The triage nurse and triaging process of simultaneously. • A physician will be the triaging area to immediate medical examinations for a recidentified as a completion of the screening examination on the patient's cippresentation, tests treatments (included management) will and carried out. • Patients who are if level 1 and 2 at the will be brought bath emergency treatments the time of arrival, charge nurse will physician of the patient's processed in the proce	e current triad t review, the signed to I screening includes the and registratio ed so that the an occur e available to to perform al screening patients who I level 3. Upor medical ation, based inical s and ing pain be ordered identified as a e tie of triage ck to the ent area. At the ED notify the atlent's arrival ient's pseudo poriority sician will patient by board and will al screening on as ent's condition will verbally	e .
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A 455	surgery consultation acute abdominal product abdominal production medical record for bedside. However that the general suprovided by a Phys. 9. Patient #23 cardepartment on 4/3 hours, for the evaluation pregnancy. At 18 indicated that the unable to admit P short staff." There documentation to the appropriate produced the patient was a 2100 hours. 10. Patient #3 cardepartment of the hours on 4/30/07 seeing aliens and his family. At triat patient had suicid bleach. The nurs category 3 (stablette lobby for overback to the treatment physical product was a department physical patient #3 was a department physical patient #4 was a depart	nurs on 5/1/07, a general on was provided to evaluate the ain for Patient #2. The closed Patient #2 revealed "Dr. at review of the record revealed argery consultation had been sician Assistant (PA-C). The to the emergency 10/07 at approximately 1000 function of a known ectopic 100 hours a nursing interval note emergency department was attent #23 to the hospital "due to was no nursing or physician indicate intervention to evaluate ovision of care for Patient #23. Idmitted to an in-patient bed at the to the emergency ehospital at approximately 2040. Patient #3 stated that he was a devils. He was dropped off by ge the nurse documented the leal ideations with a plan to drink the triaged the patient as a emajor illness) and left him in the none hour before taking him		1455 lr	Permanent Actions: The monitoring process described by used to monitor the effectiveness of actions: Monitoring: Starting July 1, 2007, Utilization Reversiew at least 15% of patients week and trend data from arrival to triage medical screening exam. Time of all of discharge is tracked electronically Affinity System for all patients and the weekly. The information goes to the Department Collaborative Committee evaluation. The reports will go to be Committee and the Quality/Performating Improvement Committee (QPIC), which is to the Executive Committee or Counsel respectively, and then to the Body. Inmediate Actions: Effective 5/29/07 the policy entitled in of Psychiatric patients #118 for the Expective for a severe the emergency department. To assure the emergency department was compliance with the revised policy with emphasis that at a should the patient be left alone. Emanent Action: The monitoring process described be used to assure the effectiveness of the cused to assure the effectiveness of the used to assure the effectiveness of the cused to assure the effectiveness of the emergency Severity in includes psychiatric patients. The ED Manager will address deficiencies will responsible individuals. Data from the reviews will be presented to the QPIC which will evaluate it, create correctivenessary, and report it to Quality Concerning the limited to ten charts monthly.	corrective view Staff will kly to track and arrival to time virual report	

	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X				(X3) DATE SURVEY COMPLETED	
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A 455	until four hours late he presented to the professional determ suicidal at the time was discharged hor receiving treatment. 11. Patients #62, # were triaged on 5/3 the Urgent Care are department. Each treated by a Physic reviewed, each mer patients had been edischarged from the prior to the time of the emergency department physicis/31/07 at approximate a time department physicis solutions, proving the provided by a physical p	evaluation was not completed, at 1500 hours; 17 hours after ED. The mental health lined the patient denied being of the evaluation. Patient #3 me at 2100 hours without 63, #64, #65, #66, #67, #68 of and/or 5/31/07 and sent to be a of the emergency patient was examined and an Assistant, PA-C. When dical record revealed that the evaluated, treated and a urgent care of the hospital supervision or monitoring by artment physician. If or each patient failed to dentry by the emergency an. When interviewed on nately 1030 hours, the PA-C at medical screening ided by the PA-C, were physician. Patients were and discharged from the fort of the medical record being sician. When reviewed, there		‡35	Corrective Action – Patients 62, 63, 64, 67, 68 The Chief Medical Officer notifind Medical Director that physician shall no longer perform medical screening examinations. (Attactive ED Medical Director inform physician assistant, by e-mail, the may no longer perform medical examinations. The Interim Medical Director notified the lithe ED contractor that physician assistant not be used to provide patient care at all infattachment R) Permanent Actions: The monitoring process describe will be used to monitor the effect of the corrective actions Monitoring: Ten randomly selected medical will be reviewed daily to ensure medical screening exam is door by an attending physician. Data presented to the Performance Improvement Committee and to Executive Committee. Once the Executive Committee. Once the Executive Committee concludes process is stable, the daily recowill convert to a monthly review. Position Responsible: D Medical Director	ed the ED assistants I hment B) hed each hat they screen head of scould n the ED ed below tiveness records that the amented a will be the es that the rd review	6/8/07	

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A 455	Continued From participation of the PA-C at approximation of the medical condition treatment and showed she presented a PA-1540 hours, but the the PA-C about if medical condition treatment ordered pain. There was not patient #9, until later, when a nurse examination of the PA-C at approximation of the medical staff of the treatment recedischarged at 223 instructions were	AMUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) age 60 and #15 had their medical tition in the main emergency ea. The medical records a were performed by PA-Cs. ed co-signatures of the records hysician. lical record for Patient #9 Inted to the ED at approximately 10/07, complaining of having a complaining of having a complaining of having a complaining pain. The nurse complaining pain and triage at lere was no documentation by the determination if an emergent existed. There was no or provided for the patient's condocumented re-assessment approximately 6 and 1/2 hours to a patient was ordered by the ately 2100 hours. The nurse cam was done by a physician, documentation by a member of the patient's condition and or lived. The patient was O hours. The discharge written by the PA-C.	PREF TAG	Basses 155 Imr	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY) A further review of the chart discipation with a ED physician exam and consultation with a GYN were documented; however, they were in the wrong section of the chart. Mediate Action: A multidisciplinary team of ED physicians and ED nurses reviewed the cumprocess. As a result of that reviet triage policy was revised so that registered nurse notifies medical if the patient is experiencing pain 7/10 and follows physicians order initiate pain medication for pain regardless of triage acuity level. Nurse Manager provided in-service revised triage policy #114. The ED Nurse Manager provided education to all ED RNs on the requirement to notify physicians or patients waiting to be seen that a experiencing pain, which requires interventions based on the pain pain of the second of the pain pain of the second of the pain pain of the ED Nurse Manager will added deficiencies with responsible personitoring: The ED Nurse Manager or design review ten randomly selected characters week to assess ED patients for	icsed that a icsed	COMPLETION DATE
A 456	care provided in the department are exceptions. This STANDARD Based on a review medical staff by-lie	procedures governing medical the emergency service or stablished by and are a sibility of the medical staff. is not met as evidenced by: of policies, procedures, rules and regulations and ne hospital failed to ensure only			on pain score. Deficiencies will be addressed by the ED Nurse Mans Data fro the weekly reviews will be presented to the ED Collaborative Committee. Data will also be presented corrective actions as necessarily to Quality Council and Ex Committee, and as appropriate to Governing Body. Once audits demonstrate consistency, monitor be limited to ten charts monthly.	e ager. e e sented to luate it, ssary and cecutive	

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	screening examination treatment are showed the exams. There were no time by a supervising phase of the med showed she present 1400 hours, on 4/3 glass object "stuck complained of mod documented a PA-1540 hours, but the PA-C about the medical condition a treatment ordered pain. There was not of Patient #9, until later, when a nurse examination of the PA-C at approximation of the PA-C at approximation documented an examination of the treatment recedischarged at 2230 instructions were was 155(a)(3) POLITIES TANDARD Based on a review medical staff by-later was 150 and power provided in the department are escontinuing response this STANDARD based on a review medical staff by-later provided in the policies and power provided in the department are escontinuing response this STANDARD based on a review medical staff by-later policies and power provided in the department are escontinuing response the policies and power provided in the department are escontinuing response the policies and power provided in the department are escontinuing response the policies and power provided in the department are escontinuing response the policies and power provided in the department are escontinuing response the policies and power provided in the department are escontinuing response the policies and power provided in the department are escontinuing response the policies and power provided in the department are escontinuing response the policies and power provided in the department are escontinuing response the policies and power provided in the department are escontinuing response the policies and power provided in the department are escontinuing response the policies and power provided in the department are escontinuing response the policies and power provided in the department are escontinuing response the policies and power provided in the department are escontinuity the policies and power provided in the department are escontinuity the policies and power provided in the policies and power provided in the department are escontinuit	and #15 had their medical tion in the main emergency a. The medical records were performed by PA-Cs. ad co-signatures of the records sysician. The medical records were performed by PA-Cs. ad co-signatures of the records sysician. The medical record for Patient #9 and the ED at approximately 0/07, complaining of having a in her vagina. She derate aching pain. The nurse C saw the patient in triage at the rewas no documentation by the determination if an emergent existed. There was no provided for the patient's approximately 6 and 1/2 hours are saw her. A gynecological patient was ordered by the patient was ordered by the telly 2100 hours. The nurse am was done by a physician, ocumentation by a member of the patient's condition and or ived. The patient was 0 hours. The discharge written by the PA-C.	•	ED Nurse Manager Ouality Improvement will responsible Position: The ED Nurse Manager acuity level this supplemental for the Esperial of the	seekly to assess pain medication. See by the ED of these reviews formance and to the signated a nurse sed education of the patients are signed a triage mergency educator training. ED physicians e current triage review, the that the triage dical provider if that the triage Manager vised triage wided education that to notify fiting to be seen which requires that the requires that the control of the seen which requires the seen which	6/8/07 - 5/7/07	

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A 455	Patients #5, #7, #9 screening examinar room treatment are showed the exams. There were no time by a supervising phone of the medical showed she preser 1400 hours, on 4/3 glass object "stuck complained of mod documented a PA-1540 hours, but the PA-C about the medical condition of treatment ordered pain. There was no of Patient #9, until later, when a nurse examination of the PA-C at approximation of the PA-C at approximation of the medical staff of the treatment receip discharged at 2230 instructions were well as a supervised in the department are estimated in the standard point and provided in the department are estimated in the standard provided in the department are estimated in the standard provided in the department are estimated in the standard provided in the department are estimated in the standard provided in the department are estimated in the policies and provided in the department are estimated in the policies and provided in the department are estimated in the standard provided in the department are estimated in the standard provided in the department are estimated in the policies and provided in the department are estimated in the policies and provided in the department are estimated in the policies and provided in the department are estimated in the policies and provided in the department are estimated in the policies and provided in the department are estimated in the policies and provided in the policies and provided in the department are estimated in the policies and provided in the department are estimated in the policies and provided in the department are estimated in the policies and provided	and #15 had their medical tion in the main emergency a. The medical records were performed by PA-Cs. In doc-signatures of the records ysician. Cal record for Patient #9 at the ted to the ED at approximately 0/07, complaining of having a in her vagina. She erate aching pain. The nurse C saw the patient in triage at the was no documentation by a determination if an emergent existed. There was no provided for the patient's approximately 6 and 1/2 hours a saw her. A gynecological patient was ordered by the tely 2100 hours. The nurse am was done by a physician, ocumentation by a member of the patient's condition and or yed. The patient was hours. The discharge written by the PA-C.	A 45	Monitoring: The ED Nurse Manager or design ten randomly selected charts ear assess ED patients for approprise intervention based on pain score will be addressed by the ED Nur Data from the weekly reviews with to the QPIC monthly, which will create corrective actions as necreport it to Quality Council and E Committee, and as appropriate to Governing Body. Once audits disconsistency, monitoring will be in charts monthly. Responsible Position: ED Nurse Manager ED Physician Director	ch week to ateness of pairs. Deficiencies se Manager. ill be presente evaluate it, exscutive or the	3

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A 456	qualified staff providexaminations and in the emergency of the hospital failed to procedures (P&P) if and/or care of psyche ED were followed patients. (Patient #29, #36 #49, #50 at Findings: 1. On 5/31/07, the lidentified that a patient with the patient should be of the treated or re-assess have continuous may make the patient should be of the treated or re-assess have continuous may may be a solution of the patient was not implement and #69 when they severe pain. Cross 2. On 5/31/07, the light treatment or re-assess within two hours. The patients ##5, #7 and a triage Level III. On the triage P&P significant was a triage P&P significant was at the triage P&P significant was at the triage P&P significant was a triage P&P significa	ded medical screening medical specialty consultations epartment (ED). In addition, of ensure the policies and or triage, pain management hiatric patients presenting to ded for 12 of 68 sampled 2, #3, #5, #6, #7, #26, #28, and #69). ED triage P&P (#114) lient presenting to the ED with ress" should be assigned a Level II." This category was entMajor injury or illness, of specified that a Level II considered "threatened", be sed within 10 minutes and conitoring. This P&P specifying that and continuous monitoring and for Patients #2, #26, #50 or presented to the ED with	A		Finding 1 Immediate Actions 1) The ED nurse manager de educator to provide reinfol ED policy #114 to ensure appropriately triaged and acuity level based on the Severity Index. The Nurse supplemental training of the will assure that the deficiency of the will assure that the deficiency of the ED Nurse Manager or designation of t	rced education that patient a assigned a transport of the control	on of re lage ovided elow cted. vide the less . Data ED and hs as cil

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06/07/2007

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DATE

NAME OF PROVIDER OR SUPPLIER

LACIMARTIN LUTHER KING JR GEN HOSPITAL

STREET ADDRESS, CITY, STATE, ZIP CODE 12021 S WILMINGTON AVE LOS ANGELES, CA 90059

A 456 Continued From page 61
qualified staff provided medical screening
examinations and medical specialty consultations
in the emergency department (ED). In addition,
the hospital failed to ensure the policies and
procedures (P&P) for triage, pain management
and/or care of psychiatric patients presenting to
the ED were followed for 12 of 68 sampled
patients. (Patient #2, #3, #5, #6, #7, #26, #28,
#29, #36 #49, #50 and #69).

SUMMARY STATEMENT OF DEFICIENCIES

(EACH DEFICIENCY MUST BE PRECEDED BY FULL

REGULATORY OR LSC IDENTIFYING INFORMATION)

Findings:

- 1. On 5/31/07, the ED triage P&P (#114) identified that a patient presenting to the ED with "severe pain in distress" should be assigned a triage category of "Level II." This category was defined as "Emergent...Major injury or illness, unstable." The P&P specified that a Level II patient should be considered "threatened", be treated or re-assessed within 10 minutes and have continuous monitoring. This P&P specifying immediate treatment and continuous monitoring was not implemented for Patients #2, #26, #50 and #69 when they presented to the ED with severe pain. Cross reference to A455.
- 2. On 5/31/07, the ED triage P&P (#114) stated that a patient who was triaged as a Urgent Level III, stable major illness or injury should receive treatment or re-assessment of their condition within two hours. This P&P was not followed for Patients ##5, #7 and #26, who were assessed as a triage Level III. Cross reference to A455.
- 3. The triage P&P stated that Tylenol could be given in the triage area. There was no evidence this treatment was initiated in the triage area for the pain and fever of Patient #69 or for the pain of Patients

A 456

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Finding 2 Immediate Actions:

 The ED nurse manager counseled the responsible nurse who is still at the facility for not following the triage policy. Other responsible nurses are no longer at the hospital.

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE

CROSS-REFERENCED TO THE APPROPRIATE

DEFICIENCY)

The ED nurse manager designated a nurse educator to provide reinforced education of ED policy #114 to ensure that patients are appropriately triaged and assigned a triage acuity level based on the Emergency Severity Index. The Nurse Educator provided supplemental training on DATE.

Permanent Actions:

Use of a monitoring below will assure that the deficiency remains corrected. The ED Nurse Manager or designee will provide remedial training where a pattern of deficient practices is identified.

Monitoring:

The ED Nurse manager or designee will review ten randomly selected charts each week to assess for appropriateness of triage acuity score based on the Emergency Severity Index and the existence of timely reassessment.

Deficiencies will be addressed by the ED Nurse Manager. Data from the weekly reviews will be bresented to ED Collaborative. ED Collaborative reports data and proposed corrective actions to QPIC and Department of Emergency Medicine monthly which will evaluate it, create corrective actions as necessary, and report it to the Quality Council and Executive Committee and as appropriate, the Governing Body.

Person Responsible: Chief Nursing Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES		FORM APPROVED OMB NO. 0938-0391
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Qualified staff provided medical screening examinations and medical specialty consultations in the emergency department (ED). In addition, the hospital failed to ensure the policies and procedures (P&P) for triage, pain management and/or care of psychiatric patients presenting to the ED were followed for 12 of 68 sampled patients. (Patient #2, #3, #5, #6, #7, #26, #28, #29, #36 #49, #50 and #69). Findings: 1. On 5/31/07, the ED triage P&P (#114) identified that a patient presenting to the ED with "severe pain in distress" should be assigned a triage category of "Level II." This category was defined as "EmergentMajor injury or illness, unstable." The P&P specified that a Level II patient should be considered "threatened", be treated or re-assessed within 10 minutes and have continuous monitoring. This P&P specifying immediate treatment and continuous monitoring was not implemented for Patients #2, #26, #50 and #69 when they presented to the ED with severe pain. Cross reference to A455. 2. On 5/31/07, the ED triage P&P (#114) stated that a patient who was triaged as a Urgent Level III, stable major illness or injury should receive treatment or re-assessment of their condition within two hours. This P&P was not followed for Patients ##5, #7 and #26, who were assessed as a triage Level III. Cross reference to A455. 3. The triage P&P stated that Tylenol could be given in the triage area. There was no evidence this treatment was initiated in the triage area for the pain and fever of Patient #69 or for the pain of the pain and fever of Patient #69 or for the pain of the pain and fever of Patient #69 or for the pain of the pain and fever of Patient #69 or for the pain of the pain and fever of Patient #69 or for the pain of the pain and fever of Patient #69 or for the pain of the pain and fever of Patient #69 or for the pain of the pain and fever of Patient #69 or for the pain of the pain and fever of Patient #69 or for the pain of the pain and fever of Patient #69 or for the pain of the pain and fever of Patient	nurses reviewed the result of the review, so that the triage re provider if the patie and follows physicia medication for pain acuity level. The ED service on the ravis. The ED nurse mana ED RNs on the requall patients waiting the experiencing pain, who based on the pain passed on the passed	described below will be used effectiveness of these D nurse manager, will responsible personnel. In designee will review ten each week to assess ED as of pain intervention based es will be address by the ED and the weekly reviews will be aborative Committee. In data and proposed Department of Emergency will evaluate it, create essary, and report it to the cutive Committee as
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	examinations and rin the emergency of the hospital failed to procedures (P&P) if and/or care of psyche ED were follow patients. (Patient ##29, #36 #49, #50 #50 #50 #50 #50 #50 #50 #50 #50 #50	ded medical screening nedical specialty consultations epartment (ED). In addition, o ensure the policies and or triage, pain management hiatric patients presenting to ed for 12 of 68 sampled 2, #3, #5, #6, #7, #26, #28, and #69). ED triage P&P (#114) ient presenting to the ED with ress" should be assigned a "Level II." This category was entMajor injury or illness, o specified that a Level II onsidered "threatened", be sed within 10 minutes and onitoring. This P&P specifying and continuous monitoring ed for Patients #2, #26, #50 y presented to the ED with	A	456	Finding 3 Immediate Actions: A multidisciplinary team of ED plentress reviewed the current triaresult of the review, the triage post that the triage registered numprovider if the patient is experied and follows physicians order to medication for pain relief regard acuity level. The ED nurse manaservice on the revised triage potentially in the ED nurse manager provided ED RNs on the requirement to nall patients waiting to be seen the experiencing pain, which require based on the pain policy Permanent Actions: The monitoring process described be to assure the continuing effectiveness corrective actions. The ED nurse manaddress deficiencies with responsible Monitoring: The ED nurse manager or designee varandomly selected charts each week patient for appropriateness of pain into on pain score. Deficiencies will be additionally selected to the ED Collaborative Comections to QPIC and Department Corrections to QPIC and Department Corrective actions as necessary, and Quality Council and Executive Commit appropriate, the Governing Body.	ge process. A olicy was review of the pain less of triage ager provided icy #114. It education to otify physiciar at are intervention will be us so of these ager, will personnel. I will review ten to assess ED ervention bas dress by the Erreviews will immittee. posed of Emergency it, create eport it to the	s a sed dical //10 in- ali n of s

Facility ID: CA050000035

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STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. (X2) M A. BU		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		050578	B. WII	NG_	·	06/0	7/2007
	ROVIDER OR SUPPLIER	R GEN HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP COD 12021 S WILMINGTON AVE LOS ANGELES, CA 90059			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOIL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
A 456	#2, #5, #7, #26 and A455. 4. The hospital's me regulations were renot specify which ty provide medical screening such privassistant (PA-C) extra EMTALA Comp (P&P HA 316) state qualified to perform examinations shall I PES and OB areas perform MSE on pareview and co-sign discharged or admit Patients #62, #63, #triaged on 5/30 and/Urgent Care, an extra medical screening examination and tre patients' medical recevaluated, treated a Urgent Care, prior to monitoring by the Elevaluated, the Elevaluated and the examinations, in the provided by the PA-rounds every two homedical record. Patients #5, #7, #9 and A455.	#50. Cross reference to edical staff by-laws, rules and viewed on 5/30/07. They did pes of practitioners could eening examinations in the was no documentation vileges for a physician scept in the obstetrical areas. It is copy and Procedure dependency and Procedure dependency medical persons emergency medical series, but a physicians (in PA's and Nurse Midwife's tients, but a physician must the chart before the patient is ted." 64, #65, #66, #67, #68, were for 5/31/07 and sent to Adult ension of the ED, for their examinations and treatment. For medical screening atment done by a PA-C. The cords revealed they were and discharged from Adult of the time of supervision or	A 4		Finding 4 The Interim Chief Medical Office Medical Director that physician longer perform medical screeni (Attachment). The ED Medical each physician assistant by em no longer perform individual me examinations. Interim Chief Medical Officer not the contract physician group the provide treatment in the ED (Attachment Actions: The monitoring described below will that the effectiveness of the correctimaintained. The Chief Medical Office deficiencies with the Medical Director require immediate remediation. Monitoring: Quality Improvement will review selected charts weekly to assess that medical screening examina performed by a physician. Defic reported to the ED Collaborative the Quality Council and Executional when appropriate the Gove audits demonstrate consistency be limited to charts monthly. Responsible Person: QI Director	assistants s ng examinat Director information all that they edical screen officed the he at PA's may tachment be used to a ve actions is er will addres or of the ED a ten random as document tion was liencies will te e Committee ve Committee	hall no ons med may ing ad of hot ssure is and ee and e, Once

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NAME OF PROVIDER OR SUPPLIER LAC/MARTIN LUTHER KING JR GEN HOSPITAL STREET ADDRESS, CITY, STATE, ZIP CODE 12021 S WILMINGTON AVE LOS ANGELES, CA 90059 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE		
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PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE		
	(XS) COMPLETION DATE)	
A 456 Continued From page 63 room treatment area. The medical records showed the exams were performed by PA-Cs. There were no timed co-signatures of the records by a supervising physician. The credentials files for the PA-Cs failed to contain documentation in the privileging forms to assess their qualifications and competence to provide medical screening examinations in the emergency department and/or to determine if an emergency medical condition, existed. 5. On 5/31/07, the hospital's EMTALA Compliance Policy and Procedure (HA 316) defined an emergency medical condition as one manifesting itself by acute symptoms of such severity in which the absence of immediate medical attention could be expected to place the health of the individual in serious jeopardy. The P&P identified emergency medical conditions included severe pain, psychiatric disturbances and and/or symptoms of substance abuse, it specified that a medical screening examination was a continuous process reflecting ongoing monitoring until the individual was stabilized or appropriately transferred. It defined stabilization of the patient as the With respect to psychiatric pattents it was defined as either the time when they no longer posed a danger to themselves or others or when it had been determined there was no underlying organic cause for the mental disturbance. The hospital failed to ensure implementation of this policy and procedure for 20 of 83 sampled patients. Cross reference to A 455. 6. Number 105 of the medical staff rules and regulations stated "Any patient evaluated in the	ot le	

FORM CMS-2567(02-99) Previous Versions Obsolete

DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938<u>-0391</u>° CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION TATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: ND PLAN OF CORRECTION A. BUILDING A. WING 050578 06/07/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 12021 S WILMINGTON AVE LAC/MARTIN LUTHER KING JR GEN HOSPITAL LOS ANGELES, CA 90059 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PAEFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) A 456 Continued From page 64 A 456 Finding 6 emergency room ... who is known or suspected to Immediate Action: be suicidal, otherwise self injurious, or has taken In addition, in cases where physician consultants are required to assess a patient for an emergency a chemical overdose shall have psychiatric medical condition, the Interim Chief Medical consultation." Number 69 of the medical staff Officer ordered all MLK Department Chiefs to rules and regulations stated that patients were to discontinue the practice of using Physician be seen within one hour for emergency Assistants for consultations in the ED. All El consultations will be performed by an attending consultations. physician (Attachment)8 The ED nurse manager provided a letter The hospital failed to ensure implementation of instructing all ED RNs regarding physician the rules and regulations by allowing the PA-C to assistants cannot provide consults (Attachment) respond for the medical specialty physician on The Interim Medical Director instructed all Department Chairs to ensure that their physicians call for Patients #2, #36 and #50, for not ensuring provide timely consultation for patients in the Emergency Department. timely response to the consultation request for Patient #2 and failing to ensure psychiatric patients (#3, #28 and #29 and #49) received Permanent Action: Use of the monitoring discussed below will assure that consultation by a psychiatrist. When interviewed the deficiencies remains permanently corrected. on 06/01/07, the medical director stated that psychiatric physician staff were immediately Monitoring: available in the hospital. Cross refer to A 455. For the next 30 days, Monday through Friday, Quality Improvement staff will review ten randomly selected open medical records in the ED to validate consult are 7. The pain management P&P (HA 377) specified performed by a physician and that there is a that "All clinical departments shall implement consulting physician's note. The Chair of the relevant procedures for early recognition of pain and prompt effective treatment..." Prompt effective Department will be notified of discrepancies for immediate corrective action. treatment was not rendered for the pain experienced by Patients #2, #5, #6, #7, #26, #50 Responsible Person: and #69 while they were in the ED. Cross Chief Medical Officer reference to A455. See Tag-A186 for additional detail. 8. The medical staff by-laws stated membership in the medical staff association was limited to physicians, podiatrist, dentists and clinical psychologists. The by-laws stated an association members duties included "Participation in such emergency coverage...as may be determined by the association." The hospital failed to ensure the neurosurgery and general surgery physicians, on call for the ED, responded when called for emergency consultation for Patients #2, #36 and

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FORM APPROVED

Facility ID: CA060000035

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391^o (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA TATEMENT OF DEFICIENCIES COMPLETED ND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 050578 06/07/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 12021 S WILMINGTON AVE LACIMARTIN LUTHER KING JR GEN HOSPITAL LOS ANGELES, CA 90059 PROVIDER'S PLAN OF CORRECTION (XS) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY A 456 Continued From page 64 A 456 emergency room ... who is known or suspected to Finding 7 immediate Action: be suicidal, otherwise self injurious, or has taken A multidisciplinary team of ED physicians a chemical overdose shall have psychiatric and ED nurses reviewed the current triage consultation." Number 69 of the medical staff process. As a result of the review, the triage rules and regulations stated that patients were to policy was revised so that the triage registered nurse notifies medical provider if be seen within one hour for emergency the patient is experiencing pain ≥ 7/10 and consultations. follows physicians order to initiate pain medication for pain relief. (Attachment P) The hospital failed to ensure implementation of the rules and regulations by allowing the PA-C to The ED nurse manager provided in-service respond for the medical specialty physician on on the revised triage policy #114. (Attachment O) call for Patients #2, #36 and #50, for not ensuring timely response to the consultation request for The ED nurse manager provided education Patient #2 and failing to ensure psychiatric to all ED RNs on the requirement to notify patients (#3, #28 and #29 and #49) received physicians of all patients waiting to be seen that re experiencing pain which requires consultation by a psychiatrist. When interviewed interventions based on the pain policy. on 06/01/07, the medical director stated that (Attachment O) psychiatric physician staff were immediately available in the hospital. Cross refer to A 455. Permanent Actions: The monitoring process described below will be used to assure the continuing effectiveness of these 7. The pain management P&P (HA 377) specified corrective actions. The ED nurse manager, will that "All clinical departments shall implement address deficiencies with responsible personnel. procedures for early recognition of pain and prompt effective treatment..." Prompt effective Monitoring: The ED nurse manager or designee will review ten treatment was not rendered for the pain randomly selected chart each week to assess ED experienced by Patients #2, #5, #6, #7, #26, #50 patients for appropriateness of pain intervention based and #69 while they were in the ED. Cross Responsible Positions: ED Medical Director, ED reference to A455. Nurse Manager 8. The medical staff by-laws stated membership in the medical staff association was limited to physicians, podiatrist, dentists and clinical psychologists. The by-laws stated an association members duties included "Participation in such emergency coverage...as may be determined by the association." The hospital failed to ensure the neurosurgery and general surgery physicians, on

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call for the ED, responded when called for emergency consultation for Patients #2, #36 and

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ND PLAN OF CORRECTION IDENTIFICATION NUMBER:				NG	COMPLE	TED		
		050578	B. WI	NG_		06/07	7/2007	
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE			
LAC/MA	RTIN LUTHER KING J	R GEN HOSPITAL		12021 S WILMINGTON AVE LOS ANGELES, CA 90059				
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES		ID	<u> </u>	PROVIDER'S PLAN OF CORRECTION (X5)				
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	be suicidal, otherwi a chemical overdos consultation." Numl rules and regulation be seen within one	who is known or suspected to se self injurious, or has taken se shall have psychiatric per 69 of the medical staff as stated that patients were to hour for emergency				·		
	the rules and regularespond for the me call for Patients #2, timely response to Patient #2 and falling patients (#3, #28 a consultation by a prono 06/01/07, the mpsychiatric physicial available in the host 7. The pain manage that "All clinical deprocedures for early prompt effective treatment was not experienced by Paland #69 while they reference to A455. 8. The medical staff physicians, podiatry psychologists. The members duties in emergency coverathe association." In neurosurgery and call for the ED, res	to ensure implementation of ations by allowing the PA-C to dical specialty physician on #36 and #50, for not ensuring the consultation request for ng to ensure psychiatric and #29 and #49) received expeniatrist. When interviewed edical director stated that an staff were immediately pital. Cross refer to A 455. The ement P&P (HA 377) specified eartments shall implement by recognition of pain and eatment" Prompt effective rendered for the pain tients #2, #5, #6, #7, #26, #50 were in the ED. Cross If by-laws stated membership association was limited to est, dentists and clinical by-laws stated an association cluded "Participation in such geas may be determined by the hospital failed to ensure the general surgery physicians, on ponded when called for ation for Patients #2, #36 and			Finding 7 cont'd Immediate Action: Although each patient was see nurse, specific problems in nurse ealed in these cases. Correform of counseling and retrainimplemented. For more detail, responses under tag A204. Remedial actions in the form of reeducation on policies and properties and procedures. In addition, not reassessment documentation of the form of the fo	rsing care we setive actions ing were please see please see of counseling occdures was ance with policy of counseling a seessment. Please of these please see the personnel. It is a seessment to will review the committee. The committee of the co	re in the and cies ated il ease tail. sed the s will Data y and tee,	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER LAC/MARTIN LUTHER KING JR GEN HOSPITAL				12	EET ADDRESS, CITY, STATE, ZIP CODE 2021 S WILMINGTON AVE OS ANGELES, CA 90059		
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A 456	be suicidal, otherwing the consultation." Numerules and regulation be seen within one consultations. The hospital failed the rules and regulations. The hospital failed the rules and regulations. The hospital failed the rules and regulations and regulations to the me call for Patients #2, timely response to Patient #2 and failing patients (#3, #28 a consultation by a point of 106/01/07, the minesultation by	who is known or suspected to se self injurious, or has taken se shall have psychiatric per 69 of the medical staff is stated that patients were to hour for emergency to ensure implementation of ations by allowing the PA-C to dical specialty physician on #36 and #50, for not ensuring the consultation request for ing to ensure psychiatric and #29 and #49) received exical director stated that in staff were immediately pital. Cross refer to A 455. Ement P&P (HA 377) specified eartments shall implement by recognition of pain and atment" Prompt effective rendered for the pain ients #2, #5, #6, #7, #26, #50 were in the ED. Cross	A 4	156			
	in the medical staff physicians, podiatri psychologists. The members duties incemergency coverage the association." The neurosurgery and goall for the ED, resi	ff by-laws stated membership association was limited to st, dentists and clinical by-laws stated an association cluded "Participation in such geas may be determined by he hospital failed to ensure the general surgery physicians, on conded when called for ation for Patients #2, #36 and			Background: The hospital believes that a neurol consult was necessary as subseque showed that the shunt had not male. The ED Nurse Manager provided a instructing all ED RNs regarding P Assistants cannot provide consults (Attachment). The Interim Chief medical Officer order Department Chiefs to discontinue the pusing Physician Assistants for consultated. All ED consults will performed by an only sician (Attachment).	tent tests functioned. I letter hysician ed all MLK ractice of	

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STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		•	(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER LAC/MARTIN LUTHER KING JR GEN HOSPITAL .		-	STREET ADDRESS, CITY, STATE, ZIP CODE 12021 S WILMINGTON AVE LOS ANGELES, CA 90059				
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	Patients, identified of being a danger to was gravely disable to the treatment are physician was to be psychiatric consult the patient directly and/or psychiatric complemented for Pawhen they presented more of these criter. 10. Hospital P&P from the secretary of the secretary is anot transferred to a appropriate level of would be referred to expedite the transferred. There the MAC medical dependent of the patient to A455. 482.55(b)(2) QUAL There must be ade personnel qualified the written emergent anticipated by the from STANDARD beased on medical	or Management of Psychiatric that if a patient met the criteria or himself, danger to others, or at they would be brought back as of the ED immediately. The immediately notified for a request. This P&P for taking back to the treatment area consultation was not attents #3, #28, #29 and #49 and to the ED meeting one or nia. Cross reference to A455. Or MAC transfer process (#HA Urgent/Emergent patient was nother hospital for the care within 48 hours, the case of the MAC medical director to er. Patient #50 required a when he presented to the ED ays later he had not been was no documented evidence irector was contacted to the transfer. Cross reference UFIED PERSONNEL quate medical and nursing in emergency care to meet mey procedures and needs accility.		156	Finding 8 cont'd The interim Chief medical Office Department Chiefs to ensure the physicians are aware of the neetheir consultations (Attachment) The Interim Medical Director not department chiefs that all Emerging Department consults must be connected in the consults of the neether consults must be connected for the consults of the reconsulting process described be to assure the continuing effectiveness corrective actions. The chair of the reconsulting department will address with personnel deficiencies. Monitoring: For the next 30 days, Monday through Utilization Review nurses will review to selected open medical records in the that consults were performed by a phyand that the consultation was timely, the relevant department will be notified discrepancies for immediate corrective Each month for the next six months the records of a minimum of ten patients, 100% of pediatric patients presenting Pediatric Urgent Care with a neurosur diagnosis will be reviewed by the Champediatrics for compliance. Deficiencie addressed by the Chaliman of Pediatric referred to the Medicine Performance Committee as appropriate, and to the Performance Improvement Committee corrective actions, if necessary. As apactions will be reported to the Executional Governing Body. Responsible Person: ED Medical Director, Interim Chief Me	at all attending to document to document to document to document the control of t	n d
	hospital document	review, observation and staff ital failed to ensure adequate					

STATEMENT OF DEFICIENCIES . (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION . IDENTIFICATION NUMBER:		(X2) M A. BU		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED			
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A 459	#50. Cross reference. 9. The P&P #118 for Patients, identified to for being a danger to was gravely disable to the treatment are physician was to be psychiatric consult the patient directly the patient to another the transferred to an appropriate level of would be referred to expedite the transfer level of care on 2/28/07. Four directly the MAC medical directly expedite the patient to A455. 482.55(b)(2) QUALITHER THE PROPOSITION OF THE PATIENT OF THE	ce to A455. or Management of Psychiatric that if a patient met the criteria or himself, danger to others, or do they would be brought back to of the ED immediately. The immediately notified for a request. This P&P for taking back to the treatment area consultation was not tients #3, #28, #29 and #49 do to the ED meeting one or italiance. Cross reference to A455. or MAC transfer process (#HA Urgent/Emergent patient was nother hospital for the care within 48 hours, the case of the MAC medical director to or. Patient #50 required a when he presented to the ED ays later he had not been was no documented evidence rector was contacted to its transfer. Cross reference FIED PERSONNEL quate medical and nursing in emergency care to meet acy procedures and needs		456	Finding 9 Immediate Action: Effective 5/29/07 the policy entitled Ma Psychiatric Patient #118 for the Emerg Department was revised to address the psychiatric patient presenting to the MI emergency department. The ED nurse completed in-service on the revised po emphasis that at no time should the pa alone. (Attachment IV) As a way to assure that psychiatric pati left unattended in the waiting area the on each shift will be responsible for rev people in the ED waiting room at least shift to determine whether there are pa waiting for service. Anyone without an i band will be questioned as to their state appropriately directed. Permanent Actions: The monitoring process described belo used to assure to continuing effectivene corrective actions. The ED Nurse Mana address deficiencies with responsible p Monitoring: The ED nurse manager or designee wil randomly selected charts each week to appropriateness of triage acuity score to Emergency Severity Index. This include psychiatric patients. The ED nurse man address deficiencies with responsible in Data from the weekly reviews will be pr ED Collaborative Committee. Data will presented to the QPIC monthly, which to it, create corrective actions as necessa report it to the Quality Council and Executive Committee and Governing Body. Once audits demonst consistency monitoring will be limited to monthly.	ency ency enceds of LK-H manager licy with tient be left ients are not charge nurse lewing the oonce per tients identification us and w will be ess of these iger will ersonnel. Il review ten assess for oased on the es lager will individuals, esented to also be will evaluate ry, and the rate	•	
	Based on medical re hospital document r	not met as evidenced by: ecord, credential file and eview, observation and staff al falled to ensure adequate	•		Responsible Position: ED Medical Director ED Nurse Manager Body. Once audits demonstrate consist monitoring will be limited to ten charts it			

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NAME OF PROVIDER OR SUPPLIER LAC/MARTIN LUTHER KING JR GEN HOSPITAL			•	STREET ADDRESS, CITY, STATE, ZIP CODE 12021 S WILMINGTON AVE LOS ANGELES, CA 90059				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUND CROSS-REFERENCED TO THE APPRICIENCY)	JLD BE	(XS) COMPLETION DATE	
A 456	#50. Cross referen 9. The P&P #118 for Patients, Identified to of being a danger to was gravely disable to the treatment are physician was to be psychiatric consult in the patient directly be and/or psychiatric co- implemented for Pa when they presente	ce to A455. or Management of Psychiatric hat if a patient met the criteria or himself, danger to others, or d they would be brought back a of the ED immediately. The immediately notified for a request. This P&P for taking back to the treatment area	A	456	Immediate Action:		•	
A 459	392) stated that if a not transferred to ar appropriate level of would be referred to expedite the transfer higher level of care on 2/28/07. Four datransferred. There the MAC medical di expedite the patient to A455. 482.55(b)(2) QUALITHER must be adec personnel qualified the written emergen anticipated by the father than the second personnel of the written emergent anticipated by the father than the second personnel of the written emergent anticipated by the father than the second personnel of the written emergent anticipated by the father than the second personnel of the written emergent anticipated by the father than the second personnel of the written emergent anticipated by the father than the second personnel of	juate medical and nursing in emergency care to meet cy procedures and needs	Α.	159	Immediate Action: A special protocol which creates an ex 392 has been established to require the with specific neurological clinical conditinely transfer (Attachment I). The emergency medicine attending physician) at MLK-H will identify prequiring neurosurgical intervention specific guidelines. The ED physician or the Patient F will then contact the MAC operaton her/her of the patient needing transfer based on a rotation schedule it may be accepting/recommendated by the receiving regarding the need for transfer. The Patient Flow Manager at the refacility promptly contacts the neurocall and arranges the physician-to physician contact. ED physician at speaks directly with neurosurgeon receiving facility and provides a broof the patient's findings. Any clinical suggestions by the recommensurgeon, which are within the hospital and the scope of pracephysician, will be incorporated into transfer plan of care.	at all patient tions receive g (ED attents on based on low Manage r, informing isfer. ceiving facilit aintains. Manager at or the receiving osurgeon on physician to t MLK-H at the rief summary ceiving e capability tice of the E	y of	

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:

- 050578

A. BUILDING

B. WING

O5/07/2007

STREET ADDRESS, CITY, STATE, ZIP CODE

NAME OF PROVIDER OR SUPPLIER .			STREET ADDRESS, CITY, STATE, ZIP CODE 12021 S WILMINGTON AVE				
LAC/MARTIN LUTHER KING JR GEN HÖSPITAL			LOS ANGELES, CA 90059				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Finding 10 cont'd			
A 459	Continued From page 66 numbers of qualified nursing and medical staff to ensure timely and appropriate evaluation of the emergency medical conditions of 19 of 68 patients, when they presented to the emergency department (Patients#2, #3, #5, #7, #9, #15, #26, #28, #29, #49 #50, #62, #63, #64, #65, #66, #67, #68 and #69). Findings: 1. Medical staff interviews on 5/31/07 revealed PA-C s were conducting medical screening examinations(MSEs) in the adult urgent care area of the ED. There was no documented evidence in the credential files for these individuals, that they had demonstrated competence and had been granted privileges to conduct these examinations. The medical records for Patients #5, #7, #9, #15, #62, #63, #64, #65, #66, #67 and #68, showed their MSEs had been conducted by PA-Cs. 2. a. Review of medical records revealed long delays in receiving medical care for patients after they were taken to the treatment area of the ED. The medical record showed Patient #69 presented to the ED with severe abdominal pain and a fever. She was taken to the treatment area at 0110 hours on 3/8/07, but did not receive a medical screening examination until five hours later. 2.b. The medical record for Patient #3 showed the suicidal patient was taken to the treatment area of the ED at 2200 hours on 4/30/07. He did not receive a medical screening examination until seven hours later. 2.c. The medical record for Patient #82 showed		459	 The respective facility Patient Flow Managers shall work with MAC to coordinate the transfer via ACLS transport. All appropriate and completed documents and imaging studies shall accompany the patient. If the ED physician determines that there is ANY impediment to the transfer, he/she shal contact the Chief Medical Officer at the receiving facility to facilitate the transfer. MLK-H has identified a medical administrative director in charge of patient flow. This Patient Flow Manager notifies the medial administrative director whenever there are impediments to transferring a patient, including a neurosurgical patient, in a timely manner. The medial administrative director will assure that there is high level physician contact with potential receive institutions in an effort to expedite transfer. 			

she was complaining of severe pain from a dog

STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SI COMPLE	
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A 459	ensure timely and a emergency medical patients, when they department (Patier #28, #29, #49, #50, #66, #67, #68 and Findings: 1. Medical staff into PA-C s were conducted examinations (MSE) of the ED. There we	d nursing and medical staff to appropriate evaluation of the conditions of 19 of 68 presented to the emergency ats#2, #3, #5, #7, #9, #15, #26, #62, #63, #64, #65,	A 4		Finding 1 Immediate Actions: The Chief Medical Officer notified the director that Physician Assistants shiperform medical screening examinat (Attachment B).	ali no longer	6/8/07
	granted privileges to The medical record #62, #63, #64, #65, their MSEs had been at their MSEs had been at the medical record presented to the El and a fever. She wat 0110 hours on 3 medical screening later. 2.b. The medical retreated to the ED at 2 not receive a medical seven hours later.	competence and had been conduct these examinations. Is for Patients #5, #7, #9, #15, #66, #67 and #68, showed en conducted by PA-Cs. dical records revealed long medical care for patients after the treatment area of the ED. Is showed Patient #69 with severe abdominal pain has taken to the treatment area (8/07, but did not receive a examination until five hours examination until five hours on 4/30/07. He did had screening examination until ecord for Patient #62 showed has of severe pain from a dog			The ED Medical Director informed the Assistants by e-mail that they may neperform medical screening examinations are performed physician (Attachment C). Permanent Action: Use of the monitoring discussion beloassure that the deficiency remains percorrected. Monitoring: Starting July 1, 2007, Utilization Review at least 15% of patients week and trend data from arrival to triage a medical screening exam. Time of arrival screening exam. Time of arrival finity System for all patients and transport to information goes to the Department Collaborative Committee evaluation. The reports will go to bot Committee and the Quality/Performating Improvement Committee (QPIC), which is to the Executive Committee or Q Council respectively, and then to the Body.	o longer ion. Medical ed by a ow will ermanently lew Staff will ly to track and arrival to ival to time through the ended Emergency for the ED nce ch will report uality	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		PLE CONSTRUCTION	(X3) DATE SU COMPLE	TE SURVEY APLETED	
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A 459	ensure timely and a emergency medical patients, when they department (Patiel #28, #29, #49, #50, #66, #67, #68 and Findings: 1. Medical staff int PA-C s were conducted examinations (MSE of the ED. There we the credential files had demonstrated granted privileges to The medical record #62, #63, #64, #65 their MSEs had be a large were taken to The medical record presented to the El and a fever. She wat 0110 hours on 3 medical screening later. 2.b. The medical retreated to the ED at 2 not receive a medical seven hours later.	d nursing and medical staff to appropriate evaluation of the I conditions of 19 of 68 presented to the emergency ats#2, #3, #5, #7, #9, #15, #26, #62, #63, #64, #65,		459	Positions Responsible: ED Medical Director ED Nurse Manager Interim Chief Medical Officer Background: The main Emergency Department is staffed with three physicians each s for coverage when one physician leadepartment for any reason. The Urgent Care is staffed with one 8:00 a.m. to 12:00 p.m., two physician – 12:00 a.m. Urgent Care is closed to 8:00 a.m. Physician coverage can be redistrible and is adjusted based on need. Immediate Action: As discussed in more detail on page hospital is tracking and trending a visual times in the ED. When adequate available, the Department of Emerger will re-evaluate standard ED staffing make modifications as appropriate. Permanent Action: The monitoring process described by the effectiveness of this corrective a Monitoring: The Chief Medical Officer will review the Department of Emergency Medicithat the re-evaluation occurs. Responsible Position: Chief Medical Officer Immediate Actions: A multidisciplinary team of ED physical nurses reviewed the current triage presult of that review, the triaging prodesigned to provide for a more timely screening examination. This process following (Attachment O): The triage nurse and registration located so that the triaging prodesigned to provide for a more timely screening examination. This process following (Attachment O):	hift. This alloaves the mail physician from 12: from 8:00 p. from 12:00 a: uted as need a 30 above, the ariety of data is ency Medicin pattern and pattern and relow will associon. The minutes are to assure the assure to assure to assure to assure includes the n clerk are o	on e	
		ng of severe pain from a dog			registration process can occur s		у.	

PRINTED: 06/22/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X3) DATE SURVEY TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: COMPLETED VID PLAN OF CORRECTION A. BUILDING B. WING 050578 06/07/2007 JAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 12021 S WILMINGTON AVE LACIMARTIN LUTHER KING JR GEN HOSPITAL LOS ANGELES, CA 90059 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) A physician will be available to the triaging area A 459 Continued From page 66 during certain periods to perform immediate numbers of qualified nursing and medical staff to medical screening examinations for patients who are identified as a Level 3. Upon completion of ensure timely and appropriate evaluation of the the medical screening examination, based on the emergency medical conditions of 19 of 68 patient's clinical presentation, tests and patients, when they presented to the emergency treatments (including pain management) will be department (Patients#2, #3, #5, #7, #9, #15, #26, ordered and carried out Patients who are identified as a Level 1 and 2 at #28, #29, #49 #50, #62, #63, #64, #65, the time of triage will be brought back to the #66, #67, #68 and #69). emergency department area. At the time of arrival, the ED charge nurse will notify the Findings: physician of the patient's arrival by placing the patient's pseudo name on the white board along with the patient's priority number. The physician 1. Medical staff interviews on 5/31/07 revealed will acknowledge the patient by initialing the white PA-C s were conducting medical screening board and will perform the medical screening examinations(MSEs) in the adult urgent care area examination as soon as possible. If a patient's of the ED. There was no documented evidence in condition is critical, the RN will verbally notify the physician. the credential files for these individuals, that they had demonstrated competence and had been Permanent Action: granted privileges to conduct these examinations. The monitoring process described below will be used The medical records for Patients #5, #7, #9, #15, to assure the continuing effectiveness of these #62, #63, #64, #65, #66, #67 and #68, showed corrective actions. their MSEs had been conducted by PA-Cs. Monitoring: Fifteen percent of medical records will be randomly 2. a. Review of medical records revealed long selected and reviewed daily to track the time from delays in receiving medical care for patients after triage to medical screening examination. Data from these daily reviews will be presented to the ED they were taken to the treatment area of the ED.

seven hours later.

The medical record showed Patient #69

presented to the ED with severe abdominal pain

at 0110 hours on 3/8/07, but did not receive a

medical screening examination until five hours

2.b. The medical record for Patient #3 showed

the suicidal patient was taken to the treatment

area of the ED at 2200 hours on 4/30/07. He did

2.c. The medical record for Patient #62 showed

not receive a medical screening examination until

and a fever. She was taken to the treatment area

to a monthly review.

ED Medical Director

ED Nurse Manager

Positions Responsible:

Collaborative Committee/Department of Emergency

Medicine and the process will be re-evaluated as a

Performance Improvement Committee and QPIC

monthly, which will evaluate it, develop corrective actions as necessary, and report it to the Executive

result of this review. Data will also be presented to the

Committee and as appropriate to the Governing Body. Once the Executive Committee concludes that the process is stable, the daily record review will convert

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A 459	on 5/31/07. The nuralso bleeding from treatment area of the was no documented examination of Patimore hours, to determine the emergency medical cashe came in with the area of the ED on 4 overdose. There was medical screening of the ED on 4 overdose. There was medical screening cashed to provide commedical condition of day stay in the ED. 3.a. On 5/31/07 reprovides and the emergency medical condition of the emergency medical condition of the emergency in the ED. 3.a. On 5/31/07 reprovides and the emergency in the ED. 3.b. The medical redocumented he did assessment by the He did not received approximately 10 he with severe flank possible. The medical redocumented he did assessment by the He did not received approximately 10 he with severe flank possible.	ented to the ED, at 1612 hours rise documented that she was the bite. She was taken to the ne ED at 1820 hours, but there id medical screening ent #62 for approximately five emine if she had an a condition. The cord for Patient #29 indicated the paramedics to the treatment 1/28/07 after taking an as a one hour delay before a examination was conducted. A455 for failure of the medical tinuing evaluation of the five Patient #50 during his three when the five five for triage. It further ent should have continuous edical record showed Patient tessed or treated for the presented to the dominal pain. The cord for Patient #5 not receive a triage nursing staff for three hours, medical treatment for ours after presenting to the ED in the presenting to the ED in t	Α.	459	Immediate Actions • The ED Medical Director profor all ED physicians on "chapatient hand-off recommended directive requires specific act and documentation of the hashift (Attachment K). • A hospitalist position on all sto the Emergency Department assume responsibility for the medicine patients who are at H and are awaiting a bed plathere are not beds available hospitalist assumes responsifacilitating the transfer. While awaiting transfer or admission hospitalist is responsible for orders, reassessing the patient and modifying the plan of car However, the ED physician responsible for neurosurgical and psychiatric patients await and other departments would responsibility for their patient. • For the ED physicians, the srephysician documentation rection, used to assure consider important clinical questions) vimplemented to improve physicians.	inge of shift ations." This knowledgem and offs on each team to care of interdimited to Micoment. If at MLK-H, thibility for the patient periodical re as require emains I, orthopediciting transfer I assume s. mart chart (a ord, which is ation of was sician	ent 6/9/07 ent ded nal K- e is

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A 459	on 5/31/07. The nur also bleeding from treatment area of the was no documented	ented to the ED, at 1612 hours are documented that she was the bite. She was taken to the see ED at 1820 hours, but there is medical screening ent #62 for approximately five armine if she had an	A 459			
	she came in with the area of the ED on 4 overdose. There was	ecord for Patient #29 indicated e paramedics to the treatment /28/07 after taking an as a one hour delay before a examination was conducted.	•		. 6/9/07	
	staff to provide contimedical condition or day stay in the ED. 3.a. On 5/31/07 rev. P&P, stated that a period that the patient of the patient of the treated or re-assisted that the patient of the pati	ors after he presented to the ominal pain. cord for Patient #5 not receive a triage nursing staff for three hours.	·	The ED Medical Director profor all ED physicians on "chapatient hand-off recommend directive requires specific acand documentation of the hashift (Attachment K). A hospitalist position on all s to the Emergency Department assume responsibility for the medicine patients who are at H and are awaiting a bed plaare not beds available at ML hospitalist assumes responsifacilitating the transfer. While awaiting transfer or admission hospitalist is responsible for orders, reassessing the paties and modifying the plan of care However, the ED physician responsible for neurosurgical psychiatric patients awaiting other departments would ass	ange of shift and ations." This knowledgement nd-offs on each hifts was added nt team to care of internal dmitted to MLK-cement. If there K-H, the billity for e the patient is en, the writing holding nt periodically, re as required. emains on thopedic and 3/07 transfer and	
•	He did not receive r approximately 10 ho with severe flank pa 3. c. The medical re	nedical treatment for ours after presenting to the ED		responsibility for their patient For the ED physicians, the sr physician documentation rece tool, used to assure consider important clinical questions) implemented to improve phys documentation and to capture times	s. mart chart (a ord, which is a ation of was sician	

PRINTED: 06/22/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 **CENTERS FOR MEDICARE & MEDICAID SERVICES** (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING B. WING 050578 06/07/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 12021 S WILMINGTON AVE LAC/MARTIN LUTHER KING JR GEN HOSPITAL LOS ANGELES, CA 90059 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PEEFIX EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY 6/5/0 The ED Medical Director informed ED Continued From page 67 A 459 A 459 physicians at a department meeting, and followup with a written directive to all ED physicians, bite when she presented to the ED, at 1612 hours that they were responsible for assessing all on 5/31/07. The nurse documented that she was active patients and patients waiting for transfer also bleeding from the bite. She was taken to the at the beginning of each shift. They were also treatment area of the ED at 1820 hours, but there informed of their responsibility to meet with oncoming physicians at the end of shift to was no documented medical screening provide appropriate information as part of the examination of Patient #62 for approximately five pass on process. Physicians were also more hours, to determine if she had an reminded to document the patient's condition at emergency medical condition. change of shift and to document that the patient's care was transferred to the oncoming physician by name. 2.d. The medical record for Patient #29 indicated An outside consultant, provided reinforcing she came in with the paramedics to the treatment education to all ED nursing leadership on the area of the ED on:4/28/07 after taking an importance of patient advocacy, particularly as overdose. There was a one hour delay before a it relates to chain of command and nurse-to physician communication. medical screening examination was conducted. Monitoring: 2.e. Cross refer to A455 for failure of the medical Ten charts will be randomly reviewed each staff to provide continuing evaluation of the week to validate the documentation of medical condition of Patient #50 during his three physician involvement at the chance of shift and hospitalist involvement with day stay in the ED. patients awaiting admission or transfer Deficiencies will be addressed with the 3.a. On 5/31/07 review of the hospital's triage department chair. Results of these audits P&P, stated that a patient with severe pain should will be provided to the Performance Improvement Committee, which will review be treated or re-assessed within 10 minutes of and create corrective action as necessary. being seen by the nurse for triage. It further This data will then be reported to Executive stated that the patient should have continuous Committee and to the Governing Body as monitoring. The medical record showed Patient appropriate. #26 was not re-assessed or treated for Position Responsible: approximately 5 hours after he presented to the Chair, Department of Internal Medicine ED with severe abdominal pain. **ED Medical Director** 3. b. The medical record for Patient #5 documented he did not receive a triage assessment by the nursing staff for three hours. He did not receive medical treatment for approximately 10 hours after presenting to the ED

Facility ID: CA060000035

with severe flank pain.

3. c. The medical record for Patient #7 showed she presented to the ED with severe abdominal

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A 459	bite when she preson 5/31/07. The nualso bleeding from treatment area of the was no documente examination of Patimore hours, to determine the mergency medical respective came in with the area of the ED on 4 overdose. There was	ented to the ED, at 1612 hours ree documented that she was the bite. She was taken to the ne ED at 1820 hours, but there is medical screening ent #62 for approximately five ermine if she had an	. A2	159	Immediate Actions: The ED Nurse Manager designated educator to provide reinforced educe policy #114 to ensure that patients appropriately triaged and assigned acuity level based on the Emergence Index. The nurse educator proved supplemental training. This policy conced to reassess patients within ce frames while the patient is waiting from medical screening examination (Att.) Permanent Actions: The monitoring process described by used to assure the continuing effect these corrective actions. The ED Not Manager will address deficiencies were provided the personnel.	eation of ED are a triage a triage ry Severity this overs the rtain time or an achment O). selow will be tiveness of urse	6/5/07 6/14/07, 6/18/07
	staff to provide con medical condition of day stay in the ED. 3.a. On 5/31/07 revenue. The particular stated that a particular stated that the pattern monitoring. The medical revenue. The medical revenue. The medical redocumented he did assessment by the He did not receive.	urs after he presented to the lominal pain. ecord for Patient #5 not receive a triage nursing staff for three hours. nedical treatment for ours after presenting to the ED			Monitoring: The ED Nurse Manager or designed ten randomly selected charts each wassess for appropriateness of triage score based on the Emergency Sev The ED Nurse Manager will address deficiencies with responsible individerom the weekly reviews will be presented to the QPIC Court which will evaluate it, create correct as necessary, and report it to the QC Council and Executive Committee a appropriate, the Governing Body. Committee to 10 charts monthly. Responsible Positions: Chief Nursing Officer ED Nurse Manager 1) A multidisciplinary team of ED p and ED nurses reviewed the cur process. As a result of that revitriage policy was revised so that registered nurse notifies the mere	week to acuity erity Index. uals. Data sented to e. Data will noil monthly, ive actions uality nd as once audits g will be hysicians rent triage ew, the the triage	6/21/07 6/5/07 — 6/14/07, . 6/19/07
· .	3. c. The medical re	ecord for Patient #7 showed e ED with severe abdominal					
	e7/02-00\ Provious Versions	Obsolete Event ID: GCJD11		Fac	Hity ID: CA060000035 If contin	uation sheet F	Page 68 of 70

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A 459	on 5/31/07. The nu also bleeding from treatment area of the was no documente examination of Patimore hours, to determine the emergency medical care in with the area of the ED on 4 overdose. There was medical screening and care in the ED. 2.e. Cross refer to staff to provide conmedical condition of day stay in the ED. 3.a. On 5/31/07 repart to staff to provide conmedical condition of day stay in the ED. 3.a. On 5/31/07 repart to staff to provide conmedical condition of the ED. 3.b. The medical representation of the ED with severe about the did not receive approximately 10 he with severe flank possible. The medical reproximately 10 he with severe flank possible.	ented to the ED, at 1612 hours are documented that she was the bite. She was taken to the see ED at 1820 hours, but there id medical screening ent #62 for approximately five armine if she had an a condition. The cord for Patient #29 indicated the paramedics to the treatment 1/28/07 after taking an as a one hour delay before a examination was conducted. A455 for failure of the medical tinuing evaluation of the final patient #50 during his three the patient with severe pain should be sessed within 10 minutes of the sessed within 10 minutes of the patient with severe pain should sessed or treated for the sessed or treated for the sessed or treated for the lominal pain. The cord for Patient #5 and receive a triage nursing staff for three hours. The medical treatment for ours after presenting to the ED are sets as the presenting to the ED are sets after presenting to the ED.	A 459	2) The ED Nurse Manager provide ED RNs on the requirement to rall patients waiting to be seen the experiencing pain, which require based on the pain policy (Attact Permanent Actions: The monitoring process do be used to assure the coneffectiveness of these contract of these contract of the ED Nurse Manager of the ED Nurse from the use of pain in the on pain score. Deficiencies addressed by the ED Nurse from the weekly reviews with ED Contract of the ED Nurse from the weekly reviews with ED Contract of the ED Nurse from the use of the ED Nurse from the use of the ED Nurse from the Usuality of the ED Contract of the ED Contract of the ED waiting room at least of the central log. Any patient the ED central log shall be entered into the central log variances will be recorded Nursing Report.	notify physicians of that are es interventions of the personner. It designee will the personner.	
	E67/02-99\ Provious Versions	Obsolete Event ID: GCJD11	. Fa	cility ID: CA060000035 If contin	uation sheet Page 68jof 70	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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}	PROVIDER OR SUPPLIER RTIN LUTHER KING J	R GEN HOSPITAL		1:	REET ADDRESS, CITY, STATE, ZIP CODE 2021 S WILMINGTON AVE OS ANGELES, CA 90059		
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A 459	cramping during he complained of vagir re-evaluated by the receive a medical er four hours. 3. d. The medical represented to the EL and a fever. She did of her condition by thours. 3. e. The medical represented to the headache on 2/28/0 re-assessment of his staff for three hours. 3. f. The medical redocumented she casevere sharp pain in documented nursing condition for approx. 3. g. The medical redocumented nursing condition for approx. 3. g. The medical restriction for approx. 4. a. Hospital P&P in patients stated some to themselves would area immediately. The sideation and a plant to cumentation show the stated of the presideation and a plant to cumentation show the stated of the presideation and a plant to cumentation show the stated of the presideation and a plant to cumentation show the stated some to the stated and a plant to cumentation show the stated some to the stated and a plant to cumentation show the stated some to the stated some	r pregnancy. She also hal bleeding. She was not nursing staff and did not examination for approximately ecord showed Patient #69 with severe abdominal pain donot receive a re-assessment he nursing staff for two ecord for Patient #50 showed ED with complaint of a severe 7. There was no documented a condition by the nursing ecord for Patient #2 me to the ED complaining of a her abdomen. There was no pre-assessment of her imately 5 hours. Second for Patient #62 showed go for evere pain from a dog riaged by the nurse 1820 here was no documented to patient's condition for res. #118 for care of psychlatric econe presenting as a danger is be taken to the treatment the medical record for Patient ented to the ED with suicidal	A 4	159	Immediate Actions: Effective May 29, 2007, the policy et Management of Psychiatric Patients Emergency Department was revised the needs of psychiatric patients pre the MLK-H emergency department. Nurse Manager completed in-service revised policy with emphasis that at should the patient be left alone. (Atta Permanent Action: The monitoring process described be used to assure the continuing effectithese corrective actions. The ED Nurwill address identified deficiencies wiresponsible personnel. Monitoring: The ED Nurse Manager or designee ten randomly selected charts each wassess for appropriateness of triage based on the Emergency Sevenity In Nurse Manager will address deficient responsible individuals. Data from the reviews will be presented to ED Colle Practice Committee. Data will also be to the QPIC Council monthly, which wit, create corrective actins as necess report it to the Quality Council and Ec Committee and as appropriate, the Gody. Once audits demonstrate consmonitoring will be limited to ten chart Responsible Positions: Chief Nursing Officer ED Medical Director ED Medical Director ED Nurse Manager	#118 for the to address senting to The ED e on the no time achment W) elow will be veness of rse Manager ith will review reek to aculty score dex. The ED cles with e weekly aborative e presented will evaluate are will evaluate are weekly aborative overning sistency,	

PRINTED: 06/22/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING B. WING 050578 06/07/2007 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 12021 S WILMINGTON AVE LAC/MARTIN LUTHER KING JR GEN HOSPITAL LOS ANGELES, CA 90059 PROVIDER'S PLAN OF CORRECTION COMPLETION SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY A 459 Continued From page 69 A 459 approximately one hour. 4. b. The medical record for Patient #28 showed he was assessed by the triage nurse at 2106 hours on 4/28/07 as having thoughts of wanting to hurt himself. The nurse documented he had tried to commit suicide in the past. There was no documented re-assessment of his condition by the nursing staff for three hours. He was not taken to the treatment area for three hours after he was triaged. 4. c. Patient #49 presented to the ED at 0302 hours with a chief complaint of violent behavior, not taking his medications and was experiencing auditory hallucinations. At 0535 hours, nursing documented that the patient had left without being seen.

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A 000	INITIAL COMMEN	rs	A	000				
:	Department of Hea	esents the findings of the lth Services during a survey aint # 117102 conducted complaint survey.	l					
	RN, HFES; Barbara	Department were Jo Ann Dalby, a Mellor, RN, HFEN; and , MD, Medical Consultant.	•					
	investigation, # M8 sample size of 60.	ent prepared for the 0Z11, identified a patient Eight additional patients were ocument for a total sample size	,		·			
•	E, F, G, H, I, J, K, I patients are cited in following identifiers	nent cited Patients A, B, C, D, L, M, N, O, P, Q. These this document using the respectively: Patient #50, #69, 7, #66, #67, #68, #62, #63,	•					
A 400	non-compliance wi in this document ar	affected by the hospital's th EMTALA requirements cited re Patients #9, #15, and #29. ANCE WITH §489.24	- A	400				
	The provider agree defined in §489.24	es, in the case of a hospital as (b), to comply with §489.24.						
	Based on review of policies and proced by-laws, rules and interviews, the hos	is not met as evidenced by: f medical record reviews, dures (P&Ps), medical staff regulations, and staff pital failed to comply with the CFR 489.24. Findings:			•			
<u> </u>	·	ed to ensure 11 of 68 sampled	4 4 4 TO 1		TITLE		(X6) DATE	
ADODATOR	く いしこうていりじ へり ロロヘバル	NED/SI IDDI IER REPRESENTATIVE'S SIG	NALIHE		ILLE		(NU) HOLLIS	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

Administrator

Facility ID: CA050000035

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SI COMPLE	
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A 400	examinations withir emergency departn failed to ensure that examinations for 11 provided by qualifier efer to A 406. 2. The hospital faile	ppropriate medical screening a the capacity of the hospital's nent. In addition, the hospital the medical screening of 68 sampled patients were did medical personnel. Please	A	400	Steps have been taken to assure the patients presenting to the ED will remedical screening examine by a phy Please refer to tag A 406 for a more response. The medical staff has taken steps to that all patients are seen by a physic timely manner, have access to appropriate the patients are seen to appropriate timely manner, have access to appropriate timely manner.	ceive a rsician. detailed assure cian in	
A 405	of 68 sampled pati 3. The hospital fail transfers to a highe sampled patients. 489.20(r)(3) ER LO	•		405	timely ancillary services, and receive stabilizing treatment within the capacity of the hospital. Please refer to A 407 for a more detailed response. Medical staff has revised the transfer process for patients. Please refer to A407 for a more detailed response.		
•	defined in §489.24 transferring and recentral log on each emergency departm seeking assistance refused treatment, whether he or she to the seeking assistance refused treatment.	s, in the case of a hospital as (b) (including both the seiving hospitals), to maintain a individual who comes to the nent, as defined in §489.24(b), and whether he or she was refused treatment, or was transferred, admitted and and transferred, or discharged.	•			•	
	The provisions of the hospitals that particle emergency services	nis regulation apply to all ipate in Medicare and provide s.	٠				
,	Based on interview hospital failed to en accurately identifying	s not met as evidenced by: and record review, the sure there was a central log ng when patients came to the eeking assistance and their				· :	

Facility ID: CA060000035

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SU COMPLE	TED
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A 405	disposition on discher Findings: 1. The ED log show emergency departs 5/11/07. The medical received to the ED on 1/26/01224 hours. The times and was transferred to the ED on 1/26/0124 hours. The times and was transferred to the ED on 1/26/0124 hours. The times and was transferred to the ED on 1/26/0124 hours. The times and left with screening exam. Hours and left with screening exam. Hours and left without that he left without the left without the Indian was transferred hours on 12/4/06. In presented to the ED and was transferred to the ED	red Patient #5 came to the nent (ED) at 1510 hours on cal record revealed that ally been assessed by the neuron earlier, at 1139 hours on ord identified Patient #14 came or and was seen in triage at me of entry in the ED log read ord for Patient #6 showed he of for triage at 1812 hours on hout being seen for a medical le was not logged into the ED and the log failed to identify being seen. Ford for Patient #16 showed he ED at 1340 hours on 12/3/06 do another hospital at 0730. The ED log stated he of at 1402 hours on 12/3/06 do at 0950 hours on 12/3/06. In 5/30/07 the ED log was received on 5/31/07, the log formation for patients seen in dult urgent care areas of the were triaged in the ED. The logy representative revealed y department log" contained	A	405	Finding 1,2, 4 Immediate actions: 1) Facility investigation determined the patients presented to the ED, the nurse evaluated the patient initially completed the flow sheet. After this the patient was seen by registration electronic ED log defaulted to the by the registration staff. That led to discrepancies noted by the survey multidisciplinary group reviewed a emergency registration/admitting pentitled Registration and Financial require original time of arrival be easier the computerized central log to be with the nursing flow sheet. The screen was modified to require registration to validate the date an entered is the same as the nursing Permanent Action: Use of the monitoring discussed below that the deficiency remains permanent until implementation of ATEMM system completed.	registered y and s evaluation, in. The time of entry o the . A ind revised policy #1.1.32 Screening to entered into congruent d time g flow sheet. v will assure tly corrected	6/13/07
	only those patients	evaluated in the main Separate patient logs existed					

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DEPART	MENT OF HEALTH	AND HUMAN SERVICES					APPROVED
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STATEMENT AND PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		PLE CONSTRUCTION	(X3) DATE SUI COMPLET	ŒD
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A 405	emergency departr 5/11/07. The medical recipitation of the ED on 1/26/01224 hours. The first screening exam. It is creening exam. It is	ved Patient #5 came to the nent (ED) at 1510 hours on cal record revealed that really been assessed by the nours earlier, at 1139 hours on ord identified Patient #14 came of and was seen in triage at me of entry in the ED log read ord for Patient #6 showed he D for triage at 1812 hours on thout being seen for a medical fe was not logged into the ED is and the log failed to identify being seen. Cord for Patient #16 showed he ED at 1340 hours on 12/3/06 at to another hospital at 0730. The ED log stated he D at 1402 hours on 12/3/06 at at 0950 hours on 12/4/06.		405	Monitoring: Ten randomly selected charts will weekly to validate that the time recentral log and the nursing flow si consistent and accurate. Results review will be reported on the weekly to deshboard is presented to Question the deshboard is presented to Question once the practice becomes consimility and to the Quality Counce Once the practice becomes consimility and to the charts month the charge nurse on each shift we for reviewing the people in the EL least once per shift to determine the are patients waiting for service. As an identification band will be queen their status and appropriately directly their status and appropriately appropria	ecorded on the heet is of the chart ekly dashboar usility initee (QPIC) ill quarterly. stent, monitor ly. stent, monitor ly. ill be responso whether there nyone without stioned as to ected. andomly verify d into the central into the central into the central into the created. D Nurse Mgr. Ipplemental need to include MTALA log. wwill assure the precised. wait times from the ringe to ill prompt will be	d. ing ble at
	failed to contain in	received on 5/31/07, the log formation for patients seen in dult urgent care areas of the			The HIM Director will provide supplem effected individuals who have a patter pehavior. Data will be presented to the	n of deficient	fþr

the pediatric and adult urgent care areas of the hospital after they were triaged in the ED. The

information technology representative revealed

that the "emergency department log" contained

emergency room. Separate patient logs existed

only those patients evaluated in the main

o the Governing Body.

Collaborative Committee/Department of Emergency Medicine at their meetings. The data will also be

presented to Performance Improvement and QPIC

actions as necessary, and report it to the Quality Council, the Executive Committee and as appropriate

monthly, which will evaluate it, create corrective

STATEMENT AND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED C	
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A 405	for ED patients see area and a separat Outpatient department complete log for all "EMTALA" log and pediatric and urger produced, the EMT chronological date/presented to the EI 489.24(a) and 489. EXAM In the case of a ho department, if an ir eligible for Medical ability to pay) "com department", as desection, the hospits medical screening capability of the hodepartment, includ available to the emdetermine whether condition exists. To conducted by an irregulations and who §482.55 of this characteristics personned if an emergency material admits the further treatment, in the section, or a defined in paragra hospital admits the further treatment, in the section of this section, or a defined in paragra hospital admits the further treatment, in the section of the se	e log existed for the Pediatric e log existed for the Pediatric ent. It was revealed that a patients was known as the this log contained all adult, at care patients. When ALA log was not in time order of when the patients D. 24(c) MEDICAL SCREENING spital that has an emergency adividual (whether or not be benefits and regardless of es to the emergency efined in paragraph (b) of this all must provide an appropriate examination within the spital's emergency ing ancillary services routinely be gency department, to or not an emergency medical the examination must be adividual(s) who is determined at bylaws or rules and the meets the requirements of apter concerning emergency		406	Note: The ED Collaborative Committee multidisciplinary group that reviews patipatient flow and operations issues browservice. The forum is also used to discrimprovement monitoring findings and to for action to address issues identified. 405 #5 Immediate Actions: 1) Nursing administration re-trained a the distinction between central log logs and their use. 2) Information Technology re-program central log to default to display or of triage location. Permanent Action: Use of monitoring below will assure that emains corrected. The HIM director we mediat training where a pattern of default to display or long monthly to verify that all pattern freatment location (emergency degangent care, or pediatric urgent care in chronological date/time order of patient presented in the ED. Deficing reported to the HIM Director for conthe need for further corrective act reported to the QPIC as appropriately Director. HIM Director	ient care, ght forth by a uss quality develop plan all ED staff on and working nmed the print regardles t the deficient ill provide ficient practice tral EMTALA ts regardless partment, adul re) will appear when the siencles will be rrective action ion will be	s . s s of

		AND HUMAN SERVICES & MEDICAID SERVICES				FORM A	\PPROVED 0938-0391
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A 406	transfer during a na to a hospital with a department located	is section for inappropriate ational emergency do not apply dedicated emergency I in an emergency area, as 1135(g)(1) of the Act.	A	406	Finding 1 Immediate Actions: The ED nurse manager designated a neducator to provide reinforced education policy #114 to ensure that patients are triaged and assigned a triage acuity level the Emergency Severity Index. The nuprovided this supplemental training (Att	n of ED appropriately el based on rse educator	6/18/07
•	emergency departr his or her behalf for a medical condition makes it clear that an emergency natu to perform such so appropriate for any manner, to determinave an emergence	nes to a hospital's dedicated nent and a request is made on rexamination or treatment for the medical condition is not of the medical condition is not of the hospital is required only reening as would be individual presenting in that the individual does not y medical condition.		•	Permanent Actions: The monitoring process discussed beloused to assure the continuing effective corrective actions. The ED Nurse Manaddress deficiencies with responsible positions. Monitoring: The ED nurse manager or designee with randomly selected charts each week to appropriateness of triage acuity score to Emergency Seventy Index, and, if apply whether the score was appropriately of the patient was reassessed. The ED N Manager will address deficiencies with individuals. Data from the weekly review presented to ED Collaborative Commit also be presented to the QPIC monthly	ness of these ager will review ten assess for based on the icable, anged after urse responsible ws will be tee. Data will	
	Based on medical procedure reviews documentation and failed to ensure me were provided by a sampled patients propartment (ED) (#63, #64, #65, #66	record review, policy and			evaluate it, create corrective actions as and report it to the Quality Council and Committee and as appropriate, the Go Once audits demonstrate consistency, will be limited to 10 charts monthly. Immediate Actions: The ED nurse manger provided ed ED RNs on the requirement to no physicians of all patients waiting that are experiencing pain, which	necessary, Executive verning Body, monitoring ucation to all lify o be seen	6/6/07 7/9/07
	screening examina patients (Patients #29, #36, #50, #6 Findings: 1. Patient #50 pres department) on 2/2 chief complaint of	tions for 11 of 68 sampled #2, #3, #5, #6, #7, #9, #26,			interventions based on the pain p (Attachment V,N) • A multidisciplinary team of ED physe ED nurses reviewed the current to As a result of the that review, the was revised so that the triage reg notifies the medical provider if the experiencing pain ≥ 7/10 and folic physician's order to initiate pain of pain relief regardless of thage act ED nurse manager provided in-se revised triage policy #114.	olicy. sicians and rage process. triage policy istered nurse patient is ows nedication for uity level. The	6/18/07

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Facility ID: CA060000035

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A 406	1003 hours, the patexperiencing severato, on a scale of or most severe. The pwas located at the lwas relieved by vorassigned a triage a policy, an acuity of a major illness or in At 1250 hours, Patitreatment area. Nurevealed "steady om. A Glascow Corecorded (a standareflecting speech, pA score of 15 is not Patient #50 was as department physicitenderness" was nor "Psych" abnorm count revealed 16.4 white count of 10,8 Morphine 4 mg was emergency department medication adm A CT head scan was physician. At 1550 hours Patier report revealed, "significant with periventricular subependymal edenterogeneous mas with caudal extensificant ventricle." The tumor measuring at the scale of the patient of the patient of the periventricle.	ient described that he was e pain, that scored nine out of he to 10, with 10 being the atient described that the pain back of his head and that it niting. The patient was culty of three. Per hospital three indicated the patient had jury, but was stable. ent #50 was taken to the rising assessment at that time pait ", pupil sizes of 33 and 31 ma Scale score of 15 was rdized series of observations pain, orientation and speech.	A		The monitoring process described to assure the continuing effectivene corrective actions. The ED nurse maddress deficiencies with responsib Monitoring: The ED nurse manager or designer randomly selected charts each were Patients for appropriateness of pair based on pain score. Deficiencies by the ED Nurse Manager. Data for reviews will be presented to the EL Committee. Data will also be presented to the EL Committee. Data will also be presented to the EL Committee. Data will also be presented to the EL Committee. Data will also be presented to the EL Committee. Data will also be presented to the EL Committee. Data will also be presented to the EL Committee. Data will also be presented to the EL Committee appropriate, the Governing Body. Immediate Actions: A multidisciplinary team of ED physicia reviewed the current triage process. As review, the triaging process was re-desian more timely medical screening exam. This process includes the following: (Attorney the triaging area to perform screening examinations are identified as a level; completion of the medical examination, based on the presentation, tests and the final pain manager ordered and carried out. The physician will be available of the medical examination, based on the presentation, tests and the final pain manager ordered and carried out. Patients who are identified as a level; completion of the medical examination, the Enrotify the physician of the patient's path white board along with priority number. The physician of the patient's critical, the RN will verband physician of the patient's critical, the RN will verband physician of the patient's critical, the RN will verband physician of the patient's critical, the RN will verband physician of the patient's critical, the RN will verband physician of the patient's critical, the RN will verband physician of the patient's critical, the RN will verband physician of the patient's critical, the RN will verband physician of the patient's critical.	es of these nanager, will le personnel. Le will review to ek to assess an intervention will be addresson the week of Collaborativented to the Quality and as and ED nut are as a result of the igned to provide and treatment O) qistration clerk aging process can occur allable to the immediate me for patients will be brought and treatments ment) will be ed as a Level le will be brought and the patient's careatment area occur allable to the immediate me for patients will be as a Level le will be brought and the patient's areatment area occur allable to the immediate me for patient's careatments ment) will be ed as a Level le will be brought area occur area	en D seed y e PIC rees of and dical no inical typical on see a ree	5/18/07

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DEPARTMENT OF HEALTH AND H CENTERS FOR MEDICARE & MED					FORM A	APPROVED
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NAME OF PROVIDER OR SUPPLIER LAC/MARTIN LUTHER KING JR GEN	HOSPITAL	!	12	EET ADDRESS, CITY, STATE, ZIP CODE 2021 S WILMINGTON AVE OS ANGELES, CA 90059		
(X4) ID SUMMARY STATEMENT PREFIX (EACH DEFICIENCY MUST BE TAG REGULATORY OR LSC IDENT	E PRECEDED BY FULL	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(XS) COMPLETION DATE
A 406 Continued From page 6 brain resulting in internal stood the ventricular system of image of the brain was recompleted. This confirmed tumor mass in the region of Moderate dilatation of the vithe brain was noted. A handwritten note by the Neurosurgery was not avail "will arrange MAC transfer medical alert center for Losis the central clearing hous County hospitals.) Howeved documentation that physician documentation that physician order for a neuro written at 1653 hours on 20 A "Neurology Consultation Physician Assistant (PA-C patient was seen for evaluation or alteration in mental static consult described symptomausea, headache and vocansultation, provided by the countersigned by the atterphysician at 1900 hours. A provided by the neurology record failed to contain do the neurologist had actual #50. This finding was in visitaff rules and regulations note. The consultation reconsultation	if the brain. An MRI commended and differ presence of a softhe pineal gland. It wentricular system of the pineal gland. It wentricular system of the pineal gland. ED physician noted that illable at the hospital, ". (The MAC is the se Angeles County. This se for all Los Angeles er, there was no written it in to physician contact all impression of "Acute s" was recorded. A courgery consult was 1/28/07. I' handwritten by a consult was 1/28/07.		406	Starting July 1, 2007, Utilization Review review at least 15% of patients weekly to trend data from arrival to triage and arrivs creening exam. Time of arrival to time of tracked electronically through the Affinity patients and trended weekly. The inform the Emergency Department Collaborativ for evaluation. The report will go to both Committee and the QualityPerformance Committee (QPIC), which will report this Executive Committee or Quality Council and then to the Governing Body. Position Responsible: ED Medical Director ED Nurse Manager (Additional issues for this patient are add Tag 407)	track and at to medical of discharge is System for a attention goes to e Committee the ED Improvement to the respectively.	·

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER	4555.5	<u> </u>	SŢR	EET ADDRESS, CITY, STATE, ZIP CODE	1 00/0	1/2001
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A 406	A written order for "facility was provided attending ED physic written documentated actually spoken with clinical situation of receiving hospital the state of th	'MAC transfer to Neurosurgical d at 1717 hours by the cian. There was, however, no ion that any physician had h or discussed the emergent Patient #50 with a proposed to facilitate transfer for Patient ontained in the medical record in #50 signed a transfer	A 4	106	DEFICIENCY)		
	Patient #50 remain Review of the medi patient was assess continued to receiv control his headach assessments included identify the intensity pain radiation, qual	ed in the ED until 3/3/07. ical record revealed that the red by nursing staff and red Dilaudid and morphine to re pain. The nursing pain ded only a numerical score to red of pain but failed to identify ity (ache, throbbing, sharp, constancy as required by					
FORM CMS-2	567(02-99) Pravious Versions		.	Fac	ellity ID: CA080000035 If cont	inuation shee	t Page 8 of 32

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
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A 406	failed to provide do physicians provided care. Except for the did not see the pati On 3/3/07 at 0725 I identified that Patie headache pain. Inte 5/10. The patient w nor were non-medin Nursing documents deficits were noted sentence stated c/c when ambulating. I for the neurological At 1100 hours, Pati increased head pai intensity of pain as patient received Dil Although a physicia pain medication, the failed to contain do ED physician evalue At 1150 hours, the that after three day transfer to another out AMA (against neurological treatment elsewhere against Medical Ad incomplete. In addit to contain documer of discharge, the paphysician or had re On 6/1/07 and 6/5/	al policy. The medical record cumented evidence that ED don-going assessments and e initial consult, the neurologist ent again. Hours, nursing documentation on #50 complained of occipital ensity of pain was recorded as as not given pain medication cation interventions provided. Action further identified that no action further identified that no action further was not evaluated a symptom by a physician. Hent #50 complained of the patient identified the being 9/10 (severe). The laudid 1 mg. IV for pain. In order was obtained for the e patient's medical record cumented evidence that the	A·406				

	r of deficiencies of correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	Continued From pa assurance, identifier received by Patient	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION TO BE SET	ID PREF TAG	STF 1: L	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPR DEFICIENCY) 406-2 Pt. 69 Immediate Actions: The ED nurse manager designated a nu provide reinforced education of ED policensure that patients are appropriately tri	NON JLD BE OFRIATE ITSE educator by #114 to aged and	
•	provide any and all patient's care as we reviews. A case review sum received at 1340 he review confirmed a document assessmedays. Further review that there was a syneurosurgical servitransfer process of Patient #50 was a plevel of care on 3/3 against medical ad not been implement. 2. Patient #69 prese department on 3/8/complaint of stomat weeks. The nurse of in all four quadrants.	ented to the emergency 07 at 2242 hours, with a chief ch pain for the past two locumented that the pain was s and radiated in to the		•	assigned a triage acuity level based on a Severity Index. The nurse educator provisupplemental training (Attachment O). Permanent Actions: Use of the monitoring discussed below with deficiency remains permanently commonitoring: The ED nurse manager or designer randomly selected charts each were appropriateness of triage acuity see Emergency Severity Index. The EI Manager will address deficiencies windividuals. Data from the weekly represented to ED Collaborative Committed to ED Collaborative Committed and as appropriate and as appropriated to the Quality Consistency, monitoring will be limit monthly. Positions Responsible: Chief Nursing Officer ED Nurse Manager	will assure that ected. e will review to the to assess for based on Donard with responsibations as mittee. Data mittee. Data mittee, the constrate	t en or he le d
	had multiple episod today. The patient is severe with a score identified that the position constant and that in pain was further dewith a pressure ser documentation revenoaning and had fawere recorded as Theart rate 97, respins was 133/59. No tre	as documented that the patient les of nausea and vomiting dentified her pain as being of 10 out of 10. The patient ain she was experiencing was othing provided relief. The scribed as aching and burning estion. Nursing ealed that the patient was acial grimacing. Vital signs remperature 102.8 degrees, rations 24 and blood pressure atment was provided to duce the patient's fever at the		•	 A multidisciplinary team of ED physinurses reviewed the current triage result of the that review, the triage revised so that the triage registered the medical provider if the patient is pain ≥ 7/10 and follows physicians pain medication for pain relief regall acuity level. The ED nurse manages service on the revised triage policy The ED nurse manger provided edured RNs on the requirement to notify physicians waiting to be seen that are pain, which requires interventions to pain policy (Attachment N,V) 	process. As a policy was I nurse notifie is experiencing order to initial ridless of triag er provided in #114. cation to all E nysicians of al experiencing	6/6/07

PRINTED: 06/22/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA TATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: ND PLAN OF CORRECTION A. BUILDING C B. WING 06/07/2007 050578 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 12021 S WILMINGTON AVE LAC/MARTIN LUTHER KING JR GEN HOSPITAL LOS ANGELES, CA 90059 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) ermanent Actions. The monitoring process described below will be used A 406 Continued From page 9 A 406 to assure the continuing effectiveness of these assurance, identified that the medical care corrective actions. The ED nurse manager, will received by Patient #50 was deemed to be address deficiencies with responsible personnel. appropriate. The hospital was requested to Monitoring: provide any and all documentation related to the The ED nurse manager or designee will review ten patient's care as well as any quality of care randomly selected charts each week to assess ED Patients for appropriateness of pain intervention based reviews. on pain score. Deficiencies will be addressed by the ED Nurse Manager. Data from the weekly reviews wi A case review summary for Patient #50 was be presented to the ED Collaborative Committee. received at 1340 hours on 6/5/07. The case Data will also be presented to the QPIC monthly, review confirmed a failure of the ED physicians to which will evaluate it, create corrective actions as

document assessments of Patient #50 for three days. Further review of the summary identified that there was a system wide plan to provide neurosurgical services and to streamline the transfer process of patients between hospitals. Patient #50 was a pending transfer to a higher level of care on 3/3/07 prior to leaving the hospital against medical advice. As of 6/7/07, the plan had not been implemented.

2. Patient #69 presented to the emergency department on 3/8/07 at 2242 hours, with a chief complaint of stomach pain for the past two weeks. The nurse documented that the pain was in all four quadrants and radiated in to the patient's back. It was documented that the patient had multiple episodes of nausea and vomiting today. The patient identified her pain as being severe with a score of 10 out of 10. The patient identified that the pain she was experiencing was constant and that nothing provided relief. The pain was further described as aching and burning with a pressure sensation. Nursing documentation revealed that the patient was moaning and had facial grimacing. Vital signs were recorded as Temperature 102.8 degrees, heart rate 97, respirations 24 and blood pressure was 133/59. No treatment was provided to alleviate pain or reduce the patient's fever at the

necessary, and report it to the Quality Council and Executive Committee and as appropriate, the Governing Body. Once audits demonstrate consistency, monitoring will be limited to 10 charts monthly.

- The charge nurse on each shift will be responsible for reviewing the people in the ED waiting room at least once per shift to determine whether they are patients waiting for service. Anyone without an identification band will be questioned as to their status and appropriately directed.
- The nursing shift supervisor will randomly verify that individual patients are entered into the central log. Any patient not entered into the ED central log shall be immediately entered into the central log. Reports of any variances will be recorded in the Daily Nursing Report.

Positions Responsible: Chief Nursing Officer ED Nurse Manager

immediate Actions:

A multidisciplinary team of ED physicians and ED nurses reviewed the current triage process. As a result of the review, the triaging process was redesigned to provide for a timelier medical screening exam and treatment. This process includes the following:

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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A 406	assurance, identified received by Patient appropriate. The hot provide any and all patient's care as we reviews. A case review sum received at 1340 hot review confirmed a document assessmed days. Further review that there was a syneurosurgical servit transfer process of Patient #50 was a plevel of care on 3/3 against medical ad not been implement. Patient's back. It whad multiple epison today. The patient severe with a score identified that the process of the patient's back. It whad multiple epison today. The patient severe with a score identified that the process and that repain was further downth a pressure sed documentation reviews 133/59. No tree was 133/59. No tree was 133/59. No tree was 133/59.	d that the medical care #50 was deemed to be pspital was requested to documentation related to the ell as any quality of care mary for Patient #50 was purs on 6/5/07. The case failure of the ED physicians to tents of Patient #50 for three w of the summary identified stem wide plan to provide ces and to streamline the patients between hospitals. Dending transfer to a higher /07 prior to leaving the hospital vice. As of 6/7/07, the plan had lited. ented to the emergency /07 at 2242 hours, with a chief ich pain for the past two documented that the pain was s and radiated in to the as documented that the patient des of nausea and vomiting identified her pain as being e of 10 out of 10. The patient stain she was experiencing was nothing provided relief. The escribed as aching and burning	A -	406	The triage nurse and registration so that the triaging process and t process can occur simultaneous! The physician will be available to perform immediate medical screen for patients who are identified as completion of the medical screen based on the patient's clinical protected and carried out. Patients who are identified as a lime of triage will be brought back treatments (including pain manary ordered and carried out. Patients who are identified as a lime of triage will be brought back treatment area. At the time of an nurse will notify the physician of by placing the patient's pseudon board along with the patient's priphysician will acknowledge the patient's condition is critical, the inotify the physician. Monitoring: UR nurses will review ten random records daily to track the time from screening examination and percoplans that are not carried out will order. Data from these daily review. Data will also be presented to the ED Collaborative the process will be re-evaluated review. Data will also be presented review. Data will also be presented review. Data will also be presented in the ED Collaborative the process will be re-evaluated review. Data will also be presented review. Data will also be presented review. Data will also be presented as appropriate, the Governing Position Responsible: ED Medical Director ED Nurse Manager (Additional issues for this patient are a Tag 407)	the registration ly. the triaging arening examinate a level 3. Uptaing examinate a level 3. Uptaing examination, test gement) will be been a level 1 and 2 and a level 1 and a level	rea to tions on, ts and at the ency narge rrival nite The ing the y edical dical ment s of ind his

PRINTED: 06/22/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 **CENTERS FOR MEDICARE & MEDICAID SERVICES** (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIÀ (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING · C B. WING 050578 06/07/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 12021 S WILMINGTON AVE LAC/MARTIN LUTHER KING JR GEN HOSPITAL LOS ANGELES, CA 90059 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Immediate Actions: A 406 Continued From page 10 A 406 The ED Nurse Manager designated a nurse time of triage. The patient was assigned a triage educator to provide reinforced education of ED 6/18/07 category of 3. Category or Level 3 patients are policy #114 to ensure that patients are appropriately triaged and assigned a triage described as having a stable major injury or aculty level based on the Emergency Severity illness. Index. The nurse educator provided this supplemental training (Attachment O). Two hours later, at 0040 hours, Patient #69's vital Monitoring A multidisciplinary team of ED physicians and signs were re-assessed. The patient had a ED nurses reviewed the current triage process. temperature of 102.4 degrees, heart rate 102, As a result of the that review, the triage policy respirations 20 and blood pressure was recorded was revised so that the triage registered nurse as 118/62. The patient continued to experience notifies medical provider if the patient is 6/18/07 severe abdominal pain. No treatments were experiencing pain ≥ 7/10 and follows physicians order to initiate pain medication for pain relief provided in the triage area. regardless of triage acuity level. The ED nurse manager provided in-service on the revised At 0110 hours, the patient was transferred to the 6/18/07 triage policy #114, (Attachment P), treatment area. The patient continued to have The ED nurse manger provided education to all ED RNs on the requirement to notify physicians severe pain, recorded as 7/10. The patient of all patients waiting to be seen that are received Tylenol 650 mg. and was placed on experiencing pain, which requires interventions oxygen by mask. At 0220 hours, the patient was based on the pain policy (Attachment H). described to have decreased pain. At 0400 hours, nursing documentation revealed that the patient Permanent Actions: had no orders for care and was waiting for the The monitoring process described below will be used to assure the continuing effectiveness of these physician assistant. This was approximately corrective actions. The ED nurse manager, will three hours after she was taken to the treatment address deficiencies with responsible personnel. area of the ED. Monitorina: The ED nurse manager or designee will review ten randomly selected charts each week to Patient #69 was not evaluated by a physician until assess for appropriateness of triage acuity score 0530 hours The patient was described as having based on the Emergency Severity Index, timely a fever and was in moderate to severe distress. reassessment based on triage level and triage The patient continued to experience severe pain scores adjustment, if needed, and pain intervention based on pain score. The ED Nurse and nausea. The patient experienced severe pain Manager will address deficiencies with throughout her ED stay. responsible individuals. Data from the weekly reviews will be presented to the ED At 0950 hours, 11 hours after presenting to the Collaborative Committee. Data will also be ED, the patient was transferred to surgery presented to the QPIC monthly, which will

evaluate it, create corrective actions as

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necessary, and report it to the Executive Committee and as appropriate, the Governing

Body. Once audits demonstrate consistency, monitoring will be limited to 10 charts monthly.

services to undergo an exploratory laparotomy.

The medical record for Patient #26

ORM CMS-2567(02-99) Previous Versions Obsolete

documented the teenager presented to the emergency department (ED) at 2355 hours on

		AND HUMAN SERVICES & MEDICAID SERVICES				FORM A	06/22/2007 APPROVED 0938-0391
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A 406	category of 3. Cated described as having illness. Two hours later, at signs were re-assetemperature of 102 respirations 20 and as 118/62. The patisevere abdominal provided in the triad. At 0110 hours, the treatment area. The severe pain, record received Tylenol 65 oxygen by mask. A described to have on ursing documental had no orders for ophysician assistant three hours after starea of the ED. Patient #69 was no 0530 hours The patient continuand nausea. The patient continuand nausea. The patient was services to undergon. At 0950 hours, 11 is ED, the patient was services to undergon.	patient was assigned a triage gory or Level 3 patients are g a stable major injury or 0040 hours, Patient #69's vital seed. The patient had a .4 degrees, heart rate 102, blood pressure was recorded ient continued to experience oain. No treatments were ge area. patient was transferred to the epatient continued to have led as 7/10. The patient so mg. and was placed on to 0220 hours, the patient was decreased pain. At 0400 hours, alon revealed that the patient are and was waiting for the . This was approximately he was taken to the treatment steed to experience severe pain atient experienced severe pain atient experienced severe pain stay. Inours after presenting to the stransferred to surgery of an exploratory laparotomy.	A	• 4	responsible for reviewing t the ED waiting room at lea shift to determine whether patients waiting for service without an identification be questioned as to their state appropriately directed.	the people in st once per they are they are . Anyone nd will be us and or will randomly its are entered attent not I log shall be ne central log will be recorded to the triage process a timelier registration so that the registration multaneously available to the m immediate caminations for the medical on, based on the entation, tests tding pain	1

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A 406	2/12/07 with right al by the nurse and de on a 1-10 scale (10 level was 100%, his	ge 11 bdominal pain. He was triaged etermined to have pain of 10 //10). His oxygen saturation spulse 95 respirations were 18 cure was 113/69. At 0040	A	406	Immediate Actions: The Interim Chief Medical Officer pediatric and pediatric urgent care they must follow the "Neurosurgic MLK-Harbor Hospital" transfer propediatric patient presenting in the Urgent Care with a potential neuron emergency (Attachment I).	e physicians the al Patients at acess for any Pediatric	•
	hours the nurse do complaining of diffic documented he had	cumented the patient was culty breathing. The nurse d wheezing in his lungs, his s 22, blood pressure was		•	The Interim Chief Medical Officer Department Chiefs to discontinue using Physicians Assistants for co the ED. All ED consultations will an attending physician (Attachme	the practice of insultations in the performed	э у
	135/70, oxygen sat was anxious and re documentation abo	uration was 97% and that he stless. There was no ut why he was left in the lobby			The ED Nurse Manager provided instructing all ED RNs regarding F Assistants cannot provide consult (Attachment J)	a letter Physicians s.	6/19/07
	relieving intervention or re-assessment of taken to a treatmer 0530 hours on 2/13 0645 hours laborate were ordered for Page 1	medication or other pain ons were provided. There was of the patient until he was at area five hours later. At 6/07 his pain was 8/10. At ory tests and pain medication atient #26. The pain	i		The Interim Chief Medical Officer Department Chiefs to ensure that physicians are aware of the need their consultations. (Attachment S The Interim Medical Director notified department chiefs that all Emergence consults must be completed within request (Attachment S).	all attending to document 5) I all y Departmen	7/9/07
	approximately 8 an to the ED. The lab available until 2100 approximately 14 h and 19 hours after There was no docu or medical staff we laboratory test resuinterviews on 6/1/0 patient "fell through 4. a. The medical showed she presedepartment at 1030 vomiting, lethargy, had a history of a vhydrocephalus and to the dentist. Doc	ours after they were ordered Patient #26 came to the ED. Imented evidence the nursing re following-up to ensure the lits were obtained. During 7 medical staff stated this	·		Permanent Actions: The monitoring process described belot to assure the continuing effectiveness corrective actions. The chair of the rel department will address with responsit deficiencies. Monitoring: Utilization Review nurses will review te selected open medical records in the E that consults were performed by a phy is a consulting physician's note and the consultation was timely. The Chair of department will be notified of discreparimmediate corrective action.	of these evant consulting personnel and randomly ED to validate sician, that the at the relevant	g

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Facility ID: CA060000035

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CENTERS FOR MEDICARE TATEMENT OF DEFICIENCIES NO PLAN OF CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION	(X3) DATE SU COMPLE	0938-0391 JRVEY TED
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NAME OF PROVIDER OR SUPPLIER	•	_	STRE	EET ADDRESS, CITY, STATE, ZIP CODE		
LAC/MARTIN LUTHER KING J	R GEN HOSPITAL		ι	2021 S WILMINGTON AVE OS ANGELES, CA 90059		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	TX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE ROPRIATE	(XS) COMPLETION DATE
by the nurse and de on a 1-10 scale (10 level was 100%, his and his blood press hours the nurse doc complaining of diffice documented he had respiratory rate was 135/70, oxygen sat was anxious and redocumentation about the ED. No pain relieving intervention no re-assessment of taken to a treatmen 0530 hours on 2/13 0645 hours laborate were ordered for Pamedication was addrapproximately 8 and to the ED. The laboration was altered and 19 hours after There was no docu or medical staff were laboratory test resure interviews on 6/1/07 patient "fell through 4. a. The medical reshowed she presend department at 1030 vomiting, lethargy, and a history of a vehydrocephalus and to the dentist. Doci	bedominal pain. He was triaged etermined to have pain of 10 /10). His oxygen saturation is pulse 95 respirations were 18 sure was 113/69. At 0040 cumented the patient was culty breathing. The nurse of wheezing in his lungs, his seed, blood pressure was uration was 97% and that he stless. There was no ut why he was left in the lobby medication or other pain in medication or other pain in swere provided. There was not the patient until he was it area five hours later. At hory tests and pain medication etient #26. The pain ministered at 0840 hours; it 1/2 hours after he presented pratory test results were not hours. This was ours after they were ordered Patient #26 came to the ED. mented evidence the nursing refollowing-up to ensure the lits were obtained. During 7 medical staff stated this	A	406	A minimum of 10 patients, or, if ter pediatric patients presenting to the Urgent care with a neurosurgery of reviewed by the Chairman of Pediatrics and referred Medicine Performance Improvement appropriate, and to the Physician Improvement Committee for corresponding to the Executive Committee and Green Medical Director Chief Medical Officer (Additional issues will be addressed in the Executive Committee and Green Medical Officer (Additional issues will be addressed in the Executive Chief Medical Officer)	Pediatric iagnosis will be atrics for didressed by the detection to the ent Committee Performance ctive actions, it is will be reported to the coverning Body	pe as ed

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDENSUPPLIENCIA

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MI A. BUII		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	R GEN HOSPITAL	,	12	IEET ADDRESS, CITY, STATE, ZIP CODE 2021 S WILMINGTON AVE OS ANGELES, CA 90059	, 00,0	72.001
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FUILL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOIL CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
A 406	was being ruled out ordered. At 1230 the saw the patient to predict the process of the PA documented consultation with the evaluation and mar on an urgent basis the shunt. Since no available at the host transfer to another emergency departs was no documented was contacted or the transfer the patient available. The patient available. The patient available at 1215 hours of Patient #36's shud Documentation should be a secure to the radiolog the test results we and/or treatment urthours after Patient. 5. The medical red he presented to the with left flank pain. The patient the presented to the with left flank pain. The presented to the severity of his symptriage nurse documentation should be the presented to the with left flank pain. The presented to the severity of his symptriage nurse documentation should be presented to the with left flank pain. The patient the presented to the with left flank pain. The patient the presented to the with left flank pain. The patient the presented to the with left flank pain. The patient the presented to the with left flank pain. The patient the presented to the with left flank pain. The patient the patient the presented to the with left flank pain. The patient the presented to the with left flank pain. The patient the presented to the with left flank pain. The patient the presented to the with left flank pain.	i. A neurology consult was ne physician's assistant (PA) perform the neurology was no documented gist saw the patient; however, if the recommended plan, in elegement by a neurosurgeon to assess the functioning of eurosurgeons were not pital the PA recommended thospital. The child was in the nent until 2200 hours but there is devidence a neurosurgeon at efforts were made to to a hospital with this service ent was discharged to the on 3/20/07 radiological tests and was ordered. In a service were not performed by department did not know to hours the patient was again by department for the tests. The not available for diagnosis will 1700 hours; 6 and 1/2 #36 presented to the ED. In a condition of the test of the was not seen by a triage ours later to determine the potoms. At 1448 hours, the lented his pain was 8/10. At see documented the first full	A 4	106	Monitoring: Starting July 1, 2007, Utilization Review at least 15% of patients wee trend data from arrival to triage and medical screening exam. Time of an discharge is tracked electronically the Affinity System for all patients and the Information goes to the Emerge Department Collaborative Committee evaluation. The reports will go to be Committee and the Quality/Perform Improvement Committee (QPIC), withis to the Executive Committee or crespectively, and then to the Govern Positions Responsible: ED Medical Director ED Nurse Manager Immediate Actions: The Chief Medical Officer notified the Director that physician assistants stoperform medical screening examina (Attachment B). The ED Medical Director that physician assistant by email the longer perform medical screening examination (Attachment C). Permanent Actions: The monitoring process described below assure the continuing effectiveness of the actions. Monitoring: UR Nurse review ten randomly seleweekly to assess documentation the screening examination was perform physician. Deficiencies will be reported to the Executive actions if necessary. As actions will be reported to the Executive and Governing Body. Position Responsible: ED Medical Director ED Nurse Manager	kly to track an arrival t inval to time o hrough the orended weekly ency see for oth the ED ance hich will repor Quality Councing Body. The ED Medical hall not longer attons irector informent they may rexaminations or will be used the ested charts at medical hed by a orted to the the physician tee for appropriate	6/8/07
		patient. The patient was sician's assistant. There was			(Additional issues for this patient are add Tag 207.	iressed under	

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Y MUST BE PRECEDED BY FULL			(EACH CORRECTIVE ACTION SHOT	ULD BE	(X5) COMPLETION DATE			
age 13	A	406	· · · · · · · · · · · · · · · · · · ·					
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on was not administered to 00 hours, 9 and 1/2 hours after a ER. No further treatment atient #5 and it was ne eloped from the ED at 0000	·		and ED nurses reviewed the cur process. As a result of the that triage policy was revised so that registered nurse notifies medica	rent triage review, the the triage I provider if	6/18/07			
te ED at 1812 hours on 5/11/07 sult for (his) umbilical hemia." 1845 and complained of 5/10 as called to the treatment area	•		follows, physicians order to initia medication for pain relief regard triage acuity level (Attachment F The ED nurse manager provided on the revised triage policy #114 (Attachment O).	te pain less of ?). in-service f	6/18/07			
d the Patient #63eft without nedical screening examination ed to determine if the Patient			all ED RNs on the requirement to physicians of all patients waiting that are experiencing pain which interventions based on the pain	o notify I to be seen I requires	6/6/07			
ED at 2045 hours on 5/11/07 for her pregnancy. She stated she agnant. At 2140 hours she was			The monitoring process described be used to assure the continuing effective these corrective actions. The ED nur	reness of rse				
ne patient was called to the mours later, she had left without ermine if an emergency She returned to the ED at 14/07 with a complaint of vaginal days. She had 8/10 pain when se at 1315. There was no ence the ED nurse evaluated tient was bleeding. She was not ment area until four hours later to pain medication/intervention nedical screening exam was hysician's assistant. She cts of conception while having	•		review ten randomly selected of week to assess for appropriater triage acuity score based on the Severity Index, timely reassess on triage level and their scores accordingly, and pain interventin pain score. The ED Nurse Manaddress deficiencies with respondividuals. Data from the wee will be presented to the ED Coll Committee. Data will also be proposed to the QPIC monthly, which will expressed to the QPIC monthly of the Q	narts each ness of Emergency ment based adjusted on based on ager will nsible kly reviews aborative esented to raluate it, ressary, and und oppropriate, lits				
	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050578 JR GEN HOSPITAL ATEMENT OF DEFICIENCIES STY MUST BE PRECEDED BY FULL LACK DENTIFYING INFORMATION) PREFISC IDENTIFYING INFORMATION) Agge 13 A didence a physician saw Patient on was not administered to 00 hours, 9 and 1/2 hours after at ER. No further treatment attent #5 and it was the eloped from the ED at 0000 ACCORD OF Patient #6 identified the ED at 1812 hours on 5/11/07 as called to the treatment area at did not answer. At 0100 the did the Patient #63eft without nedical screening examination and to determine if the Patient emergency condition. ACCORD OF PATIENT #7 showed she end to determine if the Patient emergency condition. ACCORD OF PATIENT #7 showed she end to determine if the Patient emergency the stated she end to the thours later, she had left without emine if an emergency She returned to the ED at 14/07 with a complaint of vaginal and assume that the end to the ED at 14/07 with a complaint of vaginal and the ED nurse was not ment area until four hours later opain medication/intervention nedical screening exam was thysician's assistant. She cts of conception while having	CX1 PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER: 050578 JR GEN HOSPITAL TATEMENT OF DEFICIENCIES DY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) PREFIX TAG A 406	(X2) MULTIPLE CONSTRUCTION A BUILDING B. WING G50578 STREET ADDRESS, CITY, STATE, ZIP CODE 12021 S WILMINGTON AVE LOS ANGELES, CA 90059 ID PROPERS PLAN OF CORRECT (EACH CORRECTIVE ACTION Sholl) A 406 A	(23) MULTIPLE CONSTRUCTION (A BUILDING (COMPLE)			

limited to ten charls monthly

PRINTED: 06/22/2007

FORM APPROVED

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 06/22/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING B. WING 050578 06/07/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 12021 S WILMINGTON AVE LAC/MARTIN LUTHER KING JR GEN HOSPITAL LOS ANGELES, CA 90059 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (XS) COMPLETION (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) . TAG TAG DEFICIENCY) Continued From page 13 A 406 A 406 no documented evidence a physician saw Patient #5. Pain medication was not administered to The charge nurse on each shift will be Patient #5 until 2100 hours, 9 and 1/2 hours after responsible for reviewing the people in the ED he presented to the ER. No further treatment waiting room at least once per shift to was provided to Patient #5 and it was determine whether they are patients waiting for service. Anyone without an identification band documented that he eloped from the ED at 0000 will be questioned as to their status and hours on 5/12/07. appropriately directed. 6. The medical record for Patient #6 identified The nursing shift supervisor will randomly verify that individual patients are entered into the that he came to the ED at 1812 hours on 5/11/07 central log. Any patient not entered into the ED for a "surgical consult for (his) umbilical hernia." central log shall be immediately entered into He was triaged at 1845 and complained of 5/10 the central log. Reports of any variances will pain. When he was called to the treatment area be recorded in the Daily Nursing Report. four hours later he did not answer. At 0100 the Immediate Actions: nurse documented the Patient #63eft without A multidisciplinary team of ED physicians and ED 6/18/07 being seen. No medical screening examination nurses reviewed the current triage process. As a had been performed to determine if the Patient result of the review, the triaging process was redesigned to provide for a timelier medical screening #66ad a medical emergency condition. exam and treatment. This process includes the following: (Attachment P): 7. The medical record for Patient #7 showed she The triage nurse and registration clerk are co presented to the ED at 2045 hours on 5/11/07 for located so that the triaging process and the "spotting" during her pregnancy. She stated she registration process can occur simultaneously. was 2 months pregnant. At 2140 hours she was The physician will be available to the triaging area to perform immediate medical screening triaged and a pregnancy test was documented as examinations for patients who are identified as positive. When the patient was called to the a level 3. Upon completion of the medical treatment area 2 hours later, she had left without screening examination, based on the patient's clinical presentation, tests and treatments being seen to determine if an emergency (including pain management) will be ordered condition existed. She returned to the ED at and carried out. 1306 hours on 5/14/07 with a complaint of vaginal Patients who are identified as a Level 1 and : bleeding for three days. She had 8/10 pain when at the time of triage will be brought back to the emergency treatment area. At the time of triaged by the nurse at 1315. There was no arrival, the ED charge nurse will notify the documented evidence the ED nurse evaluated physician of the patient's arrival by placing the how much the patient was bleeding. She was not patient's pseudo name on the white board taken to the treatment area until four hours later along with the patient's priority number. The

physician will acknowledge the patient by initialing the white board and will perform the

medical screening examination as soon as

RN will verbally notify the physician.

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possible. If the patient's condition is critical, the

at 1730 hours. No pain medication/intervention

passed the products of conception while having

was given. Her medical screening exam was

an ultrasound done and was discharged by a

conducted by a physician's assistant. She

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A 406	physician at 2235 h miscarriage. 8. Patient #2 came 4/30/07 at approxintriaged at 1250 hous sharp pain of 10 on intervention were in patient was taken to later at 1815 and rehour later. Approxipresented to the Eligeneral surgery conevaluate the acute The closed medica "Dr." at bedside. He revealed that the ginad been provided (PA-C). There was that provision of en PA-C was approve and regulations, the hospital, and the crimid-level practition to the hospital and laparotomy ventral 9. Patient #23 can department on 4/30 hours for the evaluate the appropriation of the hospital and laparotomy wentral 19. Patient #23 can department on 4/30 hours for the evaluate the appropriation of the appropriation of the physician document of the evaluate the appratient #23. The patient #23. The patient #23.	IER KING JR GEN HOSPITAL UMMARY STATEMENT OF DEFICIENCIES I DEFICIENCY MUST BE PRECEDED BY FULL ATORY OR LSC IDENTIFYING INFORMATION) Ed From page 14 In at 2235 hours after having had a		406	Immediate Actions: The ED nurse manager designated a not provide reinforced education of ED pensure that patients are appropriately assigned a triage acuity level based or Severity Index. (attachment O) The nurse educator provided this supportaining. Permanent Actions: Use of the monitoring below will assure deficiency remains corrected. The ED will provide remedial training where a pedicient practices are determined. Monitoring: The ED nurse manager or designee with randomly selected charts each week to appropriateness of triage acuity score Emergency Severity Index, timely reas on triage level and their scores adjuste and pain intervention based on pain. Due addressed by the ED Nurse Manage the weekly review will be presented to Collaborative Committee. Data will als to the QPIC monthly, which will evaluate corrective actions as necessary, and requality Council and Executive Commit appropriate, the Governing Body. Responsible Positions: Chief Nursing Officer ED Nurse Manager Immediate Actions: The Interim Chief Medical Officer directive Department of Medicine, Women's Health and Surgery that physician assolonger be conducting medical consultations that all Emergency Department be completed within one hour of requesions and completed within one hour of requesions.	lemental that the hurse Managoattern of based on the sessment based on the sessment based accordingly deficiencies were. Data from the ED o be presented it, create element it to the tee and as the chairs and Chief istant will no ations in the Editions i	er ed il d 7/9/07
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AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUI	A. BUILDING		· c		
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A 406	8. Patient #2 came 4/30/07 at approximating at 1250 hor sharp pain of 10 or intervention were in patient was taken to later at 1815 and rehour later. Approximate a transport of the closed medica "Dr." at bedside. He revealed that the goal been provided (PA-C). There was that provision of en PA-C was approve and regulations, the hospital, and the comid-level practition to the hospital and laparotomy ventral 9. Patient #23 can department on 4/3 hours for the evaluation of the indicated that was unable to admired.	to the ED of the hospital on nately 1207 hours. When urs she identified she had a 1-10 scale. No pain nitiated in the triage area. The o the treatment area five hours eceived pain medication one imately 20 hours after she D, at 0830 hours on 5/1/07, a nsultation was provided to abdominal pain for Patient #2. If record for Patient #2 revealed owever, review of the record eneral surgery consultation by a Physician Assistant is no documentation to reveal the nergency consultations by a did and consistent with the rules e medical staff bylaws of the redentialing process of a ter. The patient was admitted had surgery for an exploratory	A.		Permanent Action: Jse of the monitoring below will assure deficiency remains connected. Monitoring: JR nurses will review ten randomly selemedical records daily to assess docume consultations by attending staff only, an imeliness with which consultations were Deficiencies will be reported to the appropriate the Governing Body. Responsible Positions: Chief Medical Officer Cal Director Immediate Actions: A multidisciplinary team of ED physician nurses reviewed the current triage prociesult of that review, the triage policy was that the triage registered nurse notification in medication for pain relief. The ED nurse manager provided in-senticy and the ED nurse manager provided in-senticy and the ED nurse manager provided education ED RNs on the requirement to notify phall patients waiting to be seen that are expain which requires interventions based boiling. Permanent Action: The monitoring process described below used to assure the continuing effectives these corrective actions. The ED Nurse will address with responsible personnel deficiencies. Monitoring: JR nurses will review 15% randomly set the search of the	ected entation of d the e provided. opriate entation of d the e provided. opriate entation estand ED ess. As a as revised estand	6/21/07 6/18 — 6/19/07 6/18/07 6/18/07	
	physician document to evaluate the app	ntation to indicate intervention propriate provision of care for patient was admitted to an	•		medical records weekly to assess docu pain administration and its results. Defi- pe addressed by the ED nurse manage these daily reviews will be presented to Collaborative Committee. Data will also presented to the QPIC monthly which w t, create corrective actions as necessa	mentation of ciencies will r. Data from the ED be vill evaluate	6/21/07	

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A 406	miscarriage. 8. Patient #2 came 4/30/07 at approximating dat 1250 hous sharp pain of 10 on intervention were in patient was taken traiter at 1815 and rehour later. Approximates a traiter at 1815 and rehour later. The closed medica. "Dr. "at bedside. He revealed that the grade of the provided (PA-C). There was that provision of en PA-C was approve and regulations, the hospital, and the crimid-level practition to the hospital and laparotomy ventral 9. Patient #23 cam department on 4/30 hours for the evaluate and regulate that was unable to admirdue to short staff, physician document o evaluate the approximate approxim	to the ED of the hospital on nately 1207 hours. When it is she identified she had a 1-10 scale. No pain litiated in the triage area. The othe treatment area five hours believed pain medication one mately 20 hours after she in the treatment area five hours believed pain medication one mately 20 hours after she in the treatment area five hours believed pain medication one mately 20 hours after she in the cord for Patient #2. It record for Patient #2. It record for Patient #2 revealed by a Physician Assistant is no documentation to reveal the redential surgery consultations by a did and consistent with the rules in medical staff bylaws of the redentialing process of a reflect the emergency for an exploratory hemia repair. The patient was admitted had surgery for an exploratory hemia repair. The to the emergency interval the emergency department it Patient #23 to the hospital. There was no nursing or intation to indicate intervention propriate provision of care for the patient was admitted to an intervention or propriate provision of care for the patient was admitted to an intervention or propriate provision of care for the patient was admitted to an intervention are patient was admitted to an intervention and the patient was admitted to an intervention are patient was admitted to an intervention and the patient was admitted to an intervention are patient was admitted to an intervention and the patient was admitt	A.	•	report it to the Quality Council and Exect Committee and as appropriate, the Gov Sody. Once audits demonstrate consiste monitoring will be limited to ten charts in Responsible Positions: Chief Nursing Officer ED Nurse Manager QI Director Immediate Actions: A multidisciplinary team of ED physician nurses reviewed the current triage process designed to provide for a timelier medic treatment. This process includes the fol (Attachment P) The triage nurse and registration or located so that the triaging process registration process can occur similar. The physician will be available to the perform immediate medical screen examinations for patients who are Level 3. Upon completion of the macried out. Patients that are identified as a level that time of triage will be brought be emergency treatment area. At the Monitoring: PFS personnel will use the central log thrend wait times from triage to medical screen examination and ED length of stay. Date presented to the ED Collaborative Committee in the ED Collaborative Committee the ED Collaborative Committee the ED Collaborative Committee to the QPIC monthly evaluate it, create corrective actions as report it to the Quality Council and Exercommittee and as appropriate to the Gommittee	erning ency, nonthly. Ins and ED cess. As a sewas recal exam and illowing: Ilerk are cost and the ultaneously. The triaging are ening identified as a edical the patient's atments be ordered and the time of arrivation track and screening a will be imittee. Averaning seed review; The data will in eccessary, a cutive	i ge

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A 406	physician at 2235 h miscarriage. 8. Patient #2 came 4/30/07 at approxintriaged at 1250 housharp pain of 10 on intervention were in patient was taken to later at 1815 and rehour later. Approxing presented to the Eligeneral surgery conevaluate the acute. The closed medica. "Dr." at bedside. He revealed that the gold had been provided (PA-C). There was that provision of empartment on 4/30 hours for the evaluations, the hospital, and the cridical and laparotomy ventral. 9. Patient #23 came department on 4/30 hours for the evaluate that was unable to admirdue to short staff". physician document of evaluate the approximation.	to the ED of the hospital on nately 1207 hours. When it is she identified she had a 1-10 scale. No pain litiated in the triage area. The of the treatment area five hours acceived pain medication one mately 20 hours after she of a 10830 hours on 5/1/07, a neultation was provided to abdominal pain for Patient #2. If record for Patient #2 revealed owever, review of the record eneral surgery consultation by a Physician Assistant is no documentation to reveal the regency consultations by a diand consistent with the rules are medical staff bylaws of the redentialing process of a ler. The patient was admitted thad surgery for an exploratory		106	UR nurses will review 15% of randomly medical records weekly to track the tim medical screening examination. Data freviews will be presented to ED Collab process will be re-evaluated as a resul Data will also be presented to the QPI which will evaluate it, create corrective necessary, and report it to the Quality Executive Committee and as appropria Governing Body. Permanent Actions: The monitoring described above will be that the corrective actions remain effect Deficiencies found during monitoring why the position designated in the monit Positions Responsible: ED Medical EN Nurse Manager, HIM Director	ne from triage from these da orative and to to this revie commonthly, actions as Council and the, the council and the	ily ne w. ure
	in-patient bed at 21	00 hours.					

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 06/22/2007 FORM APPROVED

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, -,		PLE CONSTRUCTION .	RVEY TED	
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	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 12021 S WILMINGTON AVE LOS ANGELES, CA 90059				
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A 406	physician at 2235 miscarriage. 8. Patient #2 cam 4/30/07 at approximaged at 1250 has sharp pain of 10 dintervention were patient was taken later at 1815 and hour later. Approximate the acute The closed medic "Dr." at bedside. It revealed that the had been provider (PA-C). There was that provision of PA-C was approximate regulations, the hospital, and the mid-level practition to the hospital and laparotomy ventrally. Patient #23 can department on 4/3 hours for the evaluate the approximate of the short staff physician document of evaluate the approximate the approximat	e to the ED of the hospital on mately 1207 hours. When urs she identified she had not 1-10 scale. No pain initiated in the triage area. The to the treatment area five hours received pain medication one simately 20 hours after she in at 0830 hours on 5/1/07, a consultation was provided to a abdominal pain for Patient #2. The all record for Patient #2 revealed lowever, review of the record general surgery consultation by a Physician Assistant as no documentation to reveal mergency consultations by a red and consistent with the rules he medical staff bylaws of the credentialing process of a ner. The patient was admitted if had surgery for an exploratory all hemia repair. The to the emergency department the emergency department in the release of the consistent with the rules are to the emergency department of the emergency department in the emergency department in the release of the hospital in the release of the release of the hospital in the releas	A	406	Immediate Actions: The ED nurse manager designated a report to provide reinforced education of ED ensure that patients are appropriately assigned a triage acuity level based of Emergency Severity Index. Monitoring: The ED nurse manager or designee we randomly selected charts each week to appropriateness of triage acuity score Emergency Severity Index, timely reast based on triage level and their scores accordingly, and pain intervention bast Deficiencies will be addressed by the manager. Data from the weekly review presented to the ED Collaborative Committee of the tenton and report it to the Quality Council and Committee and as appropriate, the Go	policy #114 to triaged and n the ill review ten o assess for based on the seessment adjusted ed on pain. ED nurse is will be nurse y, which will s necessary, if Executive	6/18/07

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TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050578		1 '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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NAME OF PROVIDER OR SUPPLIER LAC/MARTIN LUTHER KING JR GEN HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP CODE 12021 S WILMINGTON AVE LOS ANGELES, CA 90059				
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A 406	8. Patient #2 came 4/30/07 at approximatinged at 1250 hous sharp pain of 10 on intervention were in patient was taken to later at 1815 and rehour later. Approximate the acute The closed medica "Dr." at bedside. He revealed that the ghad been provided (PA-C). There was that provision of en PA-C was approve and regulations, the hospital, and the comid-level practition to the hospital and laparotomy ventral 9. Patient #23 came department on 4/30 hours for the evaluate the approvided to evaluate the approximation of the hospital and laparotomy ventral 19. Patient #23 came department on 4/30 hours for the evaluate the approximation of the hospital and laparotomy ventral 19. Patient #23 came department on 4/30 hours for the evaluate the approximation of the valuate the approximation of the hospital and laparotomy ventral 19. Patient #23 came department on 4/30 hours for the evaluate the approximation of the hospital and laparotomy ventral 19. Patient #23 came department on 4/30 hours for the evaluate the approximation of the hospital to admit the approximation of the hospital and laparotomy ventral 19. Patient #23 came department on 4/30 hours for the evaluate the approximation of the hospital and laparotomy ventral 19. Patient #23 came department on 4/30 hours for the evaluate the approximation of the hospital and laparotomy ventral 19. Patient #25 came department on 4/30 hours for the evaluate the approximation of the hospital and laparotomy ventral 19. Patient #25 came department on 4/30 hours for the evaluate the approximation of the hospital and laparotomy ventral 19.	to the ED of the hospital on nately 1207 hours. When its she identified she had a 1-10 scale. No pain nitiated in the triage area. The othe treatment area five hours eceived pain medication one mately 20 hours after she D, at 0830 hours on 5/1/07, a nsultation was provided to abdominal pain for Patient #2. I record for Patient #2 revealed owever, review of the record eneral surgery consultation by a Physician Assistant is no documentation to reveal nergency consultations by a d and consistent with the rules e medical staff bylaws of the redentialing process of a er. The patient was admitted had surgery for an exploratory hernia repair. The to the emergency 0/07 at approximately 1000 ation of a known ectopic 0 hours an nursing interval the emergency department it Patient #23 to the hospital. There was no nursing or nation to indicate intervention propriate provision of care for patient was admitted to an	A	406	Permanent Actions: The monitoring described above will be hat the corrective actions remain effect Deficiencies fund during monitoring will by the position designated in the monitory.	ive. be addresse		

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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hours on 4/30/07. Paties seeing aliens and devils his family. At triage the patient had suicidal idea bleach. The nurse trial category 3 (stable major the lobby for over one heack to the treatment are evaluated by the emerging physician at 0500 hours almost 7 hours. No psy consultation was provide hours later, at 1055 hours evaluation by a mental formulation in the presente health professional determination. Patient #3 we 2100 hours without received thus falled to elemergency services had timeframes consistent we psychiatric patients. 11. a. Patients #66, #67 #65 were evaluated on and sent to the Urgent elemergency department examined and treated in the patient treated and discharged the hospital prior to the monitoring by the emergency one in the monitoring by the emergency of the monitoring by the emergency one in the monitoring by the emergency of the monitoring the monitoring the monitoring the monitoring the m	the emergency ital at approximately 2040 ent #3 stated that he was s. He was dropped off by a nurse documented the ations with a plan to drink aged the patient as a or illness) and left him in nour before taking him area. Patient #3 was gency department s on 5/1/07, a delay of ychiatric treatment or ited. Approximately 6 urs on 5/1/07, an health professional was I health evaluation was not urs later at 1500 hours; 17 and to the ED: The mental ermined the Patient all at the time of the was discharged home at eiving treatment. The ansure that the provision of ad been provided within with acceptable safety for 7, #68, #62, #63, #64, and 5/30 or 5/31/07 at triage Care area of the t. Each patient was by a Physician Assistant, I, each medical record ints had been evaluated, I from the Urgent Care of time of supervision or	A 4	106	Immediate Actions: The ED nurse manager counseled the nurse for not following the triage policy. The ED nurse manager designated a reprovide reinforced education of ED ensure that patients are appropriately assigned a triage acuity level based of Severity Index. Monitoring: The ED nurse manager or designee were randomly selected charts each week, appropriateness of triage acuity score Emergency Severity Index, timely reason triage level and their scores adjuste and pain intervention based on pain. Expended to the Collaborative Committee, Data will also to the QPIC monthly, which will evaluate corrective actions as necessary, and requility Council and Executive Commit appropriate, the Governing body. A multidisciplinary team of ED physicin nurses reviewed the current triage proof the review, the triaging process was provide for a timelier medical screening treatment. This process includes the feather than the triagent of the review, the triaging process was provide for a timelier medical screening treatment. This process includes the feather than the triagent of the review, the triaging process was provide for a timelier medical screening treatment. This process includes the feather than the triagent of the registration process can occur singular than the triagent of the respective of the respective to the perform immediate medical screening examination, based on clinical presentation, tests and treatment of triage will be brought bacteried out. Patients who are identified as a least time of triage will be brought bacteried out. Patients who are identified as a least the ED charge nurse will notify the patient's arrival by placing the pseudo name on the white board.	rurse educator policy #114 to thi aged with an the Emergent it review ten assess for based on the sessment based accordingly. Deficiencies wifer. Data from the ED of the treatment of the tree and as and ED cess. As a restree eport it to the tree and as and the cess and the triaging are rening as identified as medical the patient's eatments be ordered at the time of arrivate physician of patient's	ed lihe di

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A 406	department of the hours on 4/30/07. seeing aliens and ohis family. At triage patient had suicidal bleach. The nurse category 3 (stable rithe lobby for over oback to the treatme evaluated by the erphysician at 0500 halmost 7 hours. No consultation was produced until four hours later, at 1055 evaluation by a merequested. The mecompleted until four hours after he preshealth professional #26enied being suit evaluation. Patient 2100 hours without hospital thus failed emergency service timeframes consist psychiatric patients 11. a. Patients #66 #65 were evaluated and sent to the Urgemergency departrexamined and treat PA-C. When revier evealed that the professional that the professional sent to the Urgemergency departrexamined and treat PA-C. When revier evealed that the professional sent to the Urgemergency departrexamined and treat PA-C. When revier evealed that the professional sent to the Urgemergency departrexamined and treat PA-C. When revier evealed that the professional sent to the Urgemergency departrexamined and treat PA-C. When revier evealed that the professional sent to the Urgemergency departrexamined and treat PA-C. When revier evealed that the professional sent to the Urgemergency departrexamined and treat PA-C. When revier evealed that the professional sent to the Urgemergency departrexamined and treat PA-C.	e to the emergency rospital at approximately 2040 Patient #3 stated that he was revils. He was dropped off by the nurse documented the rideations with a plan to drink the triaged the patient as a rajor illness) and left him in rich hour before taking him rich tarea. Patient #3 was rergency department rours on 5/1/07, a delay of roycided. Approximately 6 rich hours on 5/1/07, an rich health professional was rental health evaluation was not red to the ED. The mental receiving treatment. The receiving treatment safety for	Á	406	patient's priority number. The phy	ng the white all screening of the patient's really notify to track and all screening at a will be mmittee. Averaged to track and all screening at a will be mmittee. Averaged to the data will as necessary, ecutive. Governing Borelected medicatriage to medicate as a result of the QPIC corrective the Quality das appropriate, monitoring was a result of the Quality das appropriate, monitoring was a result of the Quality das appropriate, monitoring was a result of the Quality das appropriate, monitoring was a result of the Quality das appropriates as a result of the Quality das	age and dy. al cal vs ge this ate, will sure sed
	the hospital prior to monitoring by the	the time of supervision or mergency department ility failed to ensure that direct					

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A 406	department of the I hours on 4/30/07. seeing aliens and chis family. At triagratient had suicida bleach. The nurs category 3 (stable the lobby for over chack to the treatme evaluated by the explusician at 0500 is almost 7 hours. No consultation was phours later, at 1050 evaluation by a me requested. The micrompleted until four hours after he preshealth professional #26enied being suite evaluation. Patient 2100 hours without hospital thus failed emergency services timeframes consist psychiatric patients. 11. a. Patients #66 #65 were evaluated and sent to the Urgemergency department and treatment and dischart the hospital prior to monitoring by the examined and dischart the hospital prior to monitoring by the examined and dischart the hospital prior to monitoring by the examined and dischart the hospital prior to monitoring by the examined and dischart the hospital prior to monitoring by the examined and dischart the hospital prior to monitoring by the examined and dischart the hospital prior to monitoring by the examined and dischart the prior to monitoring by the examined and dischart the hospital prior to monitoring by the examined and dischart the prior to monitoring by the examined and dischart the prior to monitoring by the examined and dischart the prior to monitoring by the examined and dischart the prior to monitoring by the examined and dischart the prior to monitoring by the examined and treated and dischart the prior to monitoring by the examined and treated and dischart the prior to monitoring by the examined and treated and dischart the prior to monitoring by the examined and treated and dischart the prior to monitoring by the examined and treated and dischart the prior to the unit of the uni	ne to the emergency nospital at approximately 2040 Patient #3 stated that he was devils. He was dropped off by the the nurse documented the I ideations with a plan to drink the triaged the patient as a major illness) and left him in the hour before taking him tent area. Patient #3 was mergency department thours on 5/1/07, a delay of the psychiatric treatment or trovided. Approximately 6 to hours on 5/1/07, an that health professional was the health evaluation was not the hours later at 1500 hours; 17 the tented to the ED. The mental I determined the Patient the icidal at the time of the #3 was discharged home at the receiving treatment. The to ensure that the provision of the had been provided within then with acceptable safety for	A	406	Immediate Actions: 40611A&B The Interim Chief Medical Officer in Medical Director that physician ass longer perform medical screening e (Attachment BB). The ED Medical I each physician assistant by e-mail longer perform individual medical sexaminations (Attachment C). Permanent Actions: The monitoring described below will be a that the effectiveness of the corrective a maintained. The Chief Medical Officer with the Medical Director of require immediate remediation. Monitoring: UR will review 15% of randomly selected assess documentation that medical screexamination was performed by a physici will reported to the ED Collaborative Committee/Department of Emergency Mand Performance Improvement and whe Governing Body. Once audits demonstrationing will be limited to ten charts medical issues for these patients are 407).	istants shall nexaminations Director inform that they may creening used to assure ctions is fill address the ED and d charts week the ening ian. Deficience fiedicine, QPIC en appropriate ate consistence to onthly.	p ned no

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A 406	10. Patient #3 cam department of the hours on 4/30/07. Is seeing aliens and dhis family. At triage patient had suicidal bleach. The nurse category 3 (stable rithe lobby for over oback to the treatme evaluated by the enphysician at 0500 halmost 7 hours. No consultation was prhours later, at 1055 evaluation by a mer requested. The mecompleted until four hours after he preschealth professional #26enied being suite evaluation. Patient 2100 hours without hospital thus failed emergency services.	e to the emergency pospital at approximately 2040 Patient #3 stated that he was evils. He was dropped off by the nurse documented the ideations with a plan to drink a triaged the patient as a major illness) and left him in the hour before taking him and area. Patient #3 was rergency department ours on 5/1/07, a delay of psychiatric treatment or ovided. Approximately 6 hours on 5/1/07, an otal health professional was ental health evaluation was not a hours later at 1500 hours; 17 ented to the ED. The mental determined the Patient cidal at the time of the #3 was discharged home at receiving treatment. The to ensure that the provision of is had been provided within ent with acceptable safety for	A 4	106	Immediate Action: The Chief Medical Officer notified the Director that physician assistants shal perform medical screening examination. The ED Medical Director informed easeistant by e-mail that they may no idease its action of the control of the	ll no longer ons (Attachm ch physician	
	#65 were evaluated and sent to the Urg emergency departmexamined and treat PA-C. When review revealed that the patreated and discharthe hospital prior to monitoring by the examples of the sent	#67, #68, #62, #63, #64, and lon 5/30 or 5/31/07 at triage ent Care area of the nent. Each patient was ed by a Physician Assistant, wed, each medical record atients had been evaluated, ged from the Urgent Care of the time of supervision or mergency department lity failed to ensure that direct	·		assistant by e-mail that they may no lo individual medical screening examinat Permanent Actions: The monitoring described below will be assure that the effectiveness of the cois maintained. The Chief Medical Offic deficiencies with the Medical director or require immediate remediation. Monitoring: Quality Improvement will review ten racharts weekly to assess documentation screening examination was performed Deficiencies will be reported to the ED	e issued to prective actions. The contractive actions will address of the ED and and omly seles in that medical by a physic	ons ss i t cted al an.

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A 406	10. Patient #3 cam department of the hours on 4/30/07. It seeing aliens and dhis family. At triage patient had suicidal bleach. The nurse category 3 (stable in the lobby for over or back to the treatme evaluated by the emphysician at 0500 halmost 7 hours. No consultation was prohours later, at 1055 evaluation by a mer requested. The me completed until four hours after he present health professional #26enied being suice evaluation. Patient is 2100 hours without hospital thus failed the emergency services timeframes consisted psychiatric patients. 11. a. Patients #66, #65 were evaluated and sent to the Urge emergency departmexamined and treated.	e to the emergency ospital at approximately 2040 Patient #3 stated that he was evils. He was dropped off by the nurse documented the ideations with a plan to drink triaged the patient as a najor illness) and left him in the hour before taking him are not before taking him are not perfect the patient #3 was nergency department or ovided. Approximately 6 hours on 5/1/07, and tall health professional was not hours later at 1500 hours; 17 ented to the ED. The mental determined the Patient widal at the time of the #3 was discharged home at receiving treatment. The to ensure that the provision of a had been provided within ent with acceptable safety for #67, #68, #62, #63, #64, and on 5/30 or 5/31/07 at triage ent Care area of the lent. Each patient was ed by a Physician Assistant,	A 4		Committee and the Quality Council an Committee, and when appropriate the Once audits demonstrate consistency, be limited to ten charts monthly.	Governing E	ody. vili
	revealed that the pa treated and dischard the hospital prior to monitoring by the er	ved, each medical record tients had been evaluated, ged from the Urgent Care of the time of supervision or nergency department ity failed to ensure that direct		i		,	•

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A 406	supervision of a mic provided. The med #6ailed to demonst emergency departmenterviewed on 5/31 hours, the PA-C rescreening examinations unsupervised. Whe documentation in the medical staff by law for the PA-C. There present in the PA-C their qualifications a medical screening emergency departmenter emergency medical screening emergency medical screening emergency room the records showed the PA-Cs. There were records by a supervised Patients # medical screening emergency room the records showed the PA-Cs. There were records by a supervised presented to the hours on 4/30/07 coopiect "stuck" in her moderate aching parallel parallel provided was no documented was no documented until approximately	d-level practitioner had been ical record for each Patient rate a timed entry by the ment physician. When /07 at approximately 1030 adily admitted that a medical cion, provided by the PA-C was an reviewed, there was no re rules and regulations, or as delineating such privileges as was no documentation privileging forms to assess and competence to provide examinations in the ment and/or to determine if an condition existed. The medical records for the medical records are exams were performed by an otimed co-signatures of the rising physician. The nurse documented a medical record for Patient #9 showed to ED at approximately 1400 amplaining of having a glass reagina. She complained of the intriage at 1540 hours, but mentation by the PA-C about an emergent medical here was no treatment for the patient's pain. There it re-assessment of Patient #9, and 1/2 hours later, when a synecological examination of	Α.		A review of this patient file reflects that medical screening examination by a phy as a consultation by a gynecologist did case and were documented in the medical were misfiled under an outpatient service. However, because some delay in provide screening examination and consultation following actions are proposed. Immediate Actions: A multidisciplinary team of ED physician nurses reviewed the current triage process of the review, the triaging process was a provide for a timelier medical screening treatment. This process includes the foll the triage nurse and registration cle located so that the triaging process registration process can occur simus. The physician will be available to the to perform immediate medical screening examination, based on the clinical presentation, tests and trea (including pain management) will be carried out	ysician, as we occur in this cal record, but the stab. fing the occurred, the occurred, the ess. As a restre-designed lowing: erk are costal the ultaneously. The ering dentified as a edical of the patient's itments	ill t



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A 406	provided. The med #6ailed to demonstremergency departmenterviewed on 5/31 hours, the PA-C reascreening examinated unsupervised. Whe documentation in the medical staff by law for the PA-C. Therepresent in the PA-C their qualifications and medical screening emergency departmentergency medical screening emergency medical screening emergency medical screening emergency room the records showed the PA-Cs. There were records by a supervised by a supervised by a supervised presented to the hours on 4/30/07 coobject "stuck" in he moderate aching presented to the moderate aching presented to the determination if condition existed. To ordered or provided was no documented until approximately nurse saw her. A gentlement was ordered or determination was no documented until approximately nurse saw her. A gentlement was ordered or determination or determination was no documented until approximately nurse saw her. A gentlement was ordered or provided was no documented until approximately nurse saw her. A gentlement was ordered or provided was no documented until approximately nurse saw her. A gentlement was ordered or provided was no documented until approximately nurse saw her. A gentlement was ordered or provided was no documented until approximately nurse saw her. A gentlement was ordered or provided was no documented until approximately nurse saw her. A gentlement was ordered or provided was no documented until approximately nurse saw her. A gentlement was ordered or provided was no documented until approximately nurse saw her. A gentlement was ordered or provided was no documented until approximately nurse saw her. A gentlemented was not documented until approximately nurse saw her a gentlemented was not documented until approximately nurse saw her a gentlemented was not documented until approximately nurse saw her a gentlemented was not documented until approximately nurse saw her a gentlemented was not documented was not documented until approximately nurse saw her a gentlemented was not documented was not documented wa	d-level practitioner had been lical record for each Patient rate a timed entry by the nent physician. When 107 at approximately 1030 adily admitted that a medical tion, provided by the PA-C was an reviewed, there was no are rules and regulations, or as delineating such privileges and competence to provide examinations in the nent and/or to determine if an a condition existed. View of medical records 5, #7, #9 and #15 had their examination in the main eatment area. The medical exams were performed by a no timed co-signatures of the vising physician. Lecord for Patient #9 showed are ED at approximately 1400 complaining of having a glass or vagina. She complained of ain. The nurse documented a tent in triage at 1540 hours, but mentation by the PA-C about an emergent medical here was no treatment of Patient #9, 6 and 1/2 hours later, when a synecological examination of ered by the PA-C at	A		the time of triage will be brought! emergency treatment area. At the the ED charge nurse will notify th the patient's arrival by placing the pseudo name on the white board patient's priority number. The phy acknowledge the patient by initial board and will perform the medica examination as soon as possible. condition is critical, the RN will ve physician. Permanent Action: The monitoring process set forth below assure the continued effectiveness of actions. The ED Medical director will a correction of deficient practices which the monitoring. Monitoring: PFS personnel will use the centra and trend walt times from triage to screening examination and ED le Data will be presented to ED Coll Committee at their monthly meeti times from triage to medical scree examination and length of stay th expectations will prompt triage pr additional changes may be institu will also be presented to the QPI will evaluate it, create corrective necessary, and report it to the Qu and Executive Committee and as the Governing Body. UR nurses will review ten randon medical records weekly to track t triage to medical screening exam from these daily reviews will be p ED Collaborative Committee and as the Governing Body. Once audits de ere-evaluated as a result of this will also be presented to the QPI will evaluate it, create corrective necessary, and report it to the QI will evaluate it, create corrective necessary, and report it to the QI will evaluate it, create corrective necessary, and report it to the QI and Executive Committee and as Governing Body. Once audits de consistency, monitoring will be lir charts monthly. Position Responsible: ED Medical D	back to the time of arrive physician of a patient's along with the visician will ling the white al screening. If the patient will be used the corrective assure the are disclosed at log to track o medical ngth of stay. I aborative ing. Average ening at exceed occess review actions as utility Council appropriate of the process review. Data occess review. Data occurrently with the process of the process occurrently with the pro	al, f e 's he to to hich hich the	
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PRINTED: 06/22/2007 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	' '	TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	JRVEY TED
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		. 050578	B. WING_		i .	7/2007
NAME OF P	PROVIDER OR SUPPLIER			REET ADDRESS, CITY, STATE, ZIP CODE	_	
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 -				LOS ANGELES, CA 90059		
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A 406	Continued From pa	ige 17	A 408	3		
	approximately 2100 documented an exabut there was no do the medical staff of treatment received. at 2230 hours. The written by the PAC. 13. Additional revies Patient #29 identifies paramedics at appr 4/28/07, after taking (antidepressant) in a one-hour delay in examination and ar patient was later and transferred to a psy 489.24(d)(1-3) STA	D hours. The nurse am was done by a physician ocumentation by a member of the patient's condition and/or. The patient was discharged discharge instructions were wo fithe medical record for ed she came to the ED with the roximately 1700 hours on g 10 Elavil pills a suicide attempt. There was a the medical screening my stabilizing treatment. The dimitted to the hospital then ychiatric hospital. ABILIZING TREATMENT	A 407	 Patients who are identified as a Letthe time of triage will be brought be emergency treatment area. At the the ED charge nurse will notify the the patient's arrival by placing the pseudo name on the white board a patient's priority number. The physician acknowledge the patient by initially board and will perform the medical examination as soon as possible, condition is critical, the RN will verify physician. Permanent Action: The monitoring process set forth below assure the continued effectiveness of tactions. The ED Medical director will as correction of deficient practices which at the monitoring. Monitoring: 	pack to the time of arrival physician of patient's along with the sician will ing the patient rbally notify to will be used the corrective saure the are disclosed to tack of medical	s ne
	this section, if any in eligible for Medicard and the hospital delians an emergency must provide either staff and facilities a further medical example required to stabilize transfer of the individual in accordance section. (2) Exception: App (i) If a hospital has a paragraph (a) of the individual to have a condition, and adminipatient in good face	rovisions of paragraph (d)(2) of individual (whether or not be benefits) comes to a hospital stermines that the individual medical condition, the hospital r, within the capabilities of the available at the hospital, for amination and treatment as the medical condition; or for vidual to another medical ce with paragraph (e) of this olication to inpatients. Screened an individual under its section and found the an emergency medical with in order to stabilize the all condition, the hospital has		Data will be presented to ED collaborative at their monthly meeting from triage to medical scree examination and length of stay that expectations will prompt triage properties additional changes may be instituted will also be presented to the QPIC will evaluate it, create corrective a necessary, and report it to the Quant Executive Committee and as a the Governing Body. UR nurses will review ten randomle medical records weekly to track the triage to medical screening examination these daily reviews will be preceded to the QPIC will also be presented to the QPIC will evaluate it, create corrective a necessary, and report it to the Quant Executive Committee and as a Governing Body. Once audits demonstrate monthly	aborative ng. Average v ming at exceed ocess review; ted. The data c monthly, wh actions as ality Council appropriate to ly selected the time from nation. Data esented to th the process w review. Data c monthly, wh actions as ality Council appropriate, t nonstrate	ch e ill

Fac**Physix 640P(699)36**55ible: ED Medicardinuation sheet Page 18 of 32

		AND HUMAN SERVICES				FORM.	06/22/2007 APPROVED
STATEMENT	RS FOR MEDICARE FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ULTIPL LDING	E CONSTRUCTION	(X3) DATE SU COMPLE	TED
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	ROVIDER OR SUPPLIER	IR GEN HOSPITAL		120	ET ADDRESS, CITY, STATE, ZIP CODE 121 S WILMINGTON AVE IS ANGELES, CA 90059	<u>, </u>	
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A 407	(ii) This section is no who was admitted to diagnosis or treatm (iii) A hospital is reparticipation for hospital to provide accordance with the (3) Refusal to conso A hospital meets to (d)(1)(i) of this section individual if the hospital meets to described in that paindividual (or a persobehalf) of the risks of the examination individual (or a persobehalf) does not contreatment. The medescription of the eindividual. The reasonable steps to informed refusal (on his or her behalf). Indicate that the perisks and benefits of treatment, or both. This STANDARD is Based on medical reprocedure reviews, documentation and failed to transfer two	responsibilities under this to that individual of applicable to an inpatient for elective (nonemergency) ent. quired by the conditions of spitals under Part 482 of this care to its inpatients in ose conditions of participation. The requirements of paragraph ion with respect to an inpital offers the individual the mination and treatment aragraph and informs the son acting on the individual's and benefits to the individual's and treatment, but the son acting on the individual's insent to the examination or dical record must contain a examination, treatment, or both as refused by or on behalf of hospital must take all to secure the individual's written or that of the person acting on The written document should reson has been informed of the of the examination or		107			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BU		PLE CONSTRUCTION G	COMPLE	TED
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A 407	addition, the hospite stabilizing treatment	t (Patients #36 and #50). In all failed to ensure prompt at was provided for ten of 68 Patients #2, #3, #5, #7,	A	407	•		
•	On 5/31/07, the hose Policy and Procedule emergency medical itself by acute sympthe absence of immise expected to place serious jeopardy. The medical conditions psychiatric disturbations substance abuse. It is screening examinate reflecting ongoing reflecting ongoing reflecting ongoing reflecting there was a patient's condition where was	spital's EMTALA Compliance are (P&P HA 316) defined an I condition as one manifesting otoms of such severity in which nediate medical attention could be the health of the individual in the P&P identified emergency included severe pain, ances and and/or symptoms of a specified that a medical tion was a continuous process monitoring until the individual opropriately transferred. It is not the patient as the point reasonable certainty that the would not deteriorate pect to psychiatric patients it ter the time when they no ager to themselves or others or etermined there was no cause for the mental per 105 of the medical staff	•		Immediate Actions: No longer have inpatient psych. PHRT for conducting evaluations. Initial asse Medical Director and once medically of contacted.	ssment by E	e
•	evaluated in the em known or suspecte injurious, or has tal have psychiatric co medical staff rules patients were to be	ns stated. "Any patient nergency room who is d to be suicidal, otherwise self wen a chemical overdose shall insultation." Number 69 of the and regulations stated that seen within one hour for ations. The hospital staff failed ent care directives.				•	:

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BU	•	PLE CONSTRUCTION G	COMPLE	TED
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A 407	Patient #50 preser department) on 2/chief complaint of with occasional na 1003 hours, the preservencing sever 10, on a scale of most severe. The was located at the was relieved by voassigned a triage policy, an acuity of a major illness or At 1250 hours, Patreatment area. Not revealed "steady mm. A Glascow Corecorded (a stand reflecting speech, A score of 15 is not patient #50 was a department physic tenderness" was nor "Psych" abnorned tenderness was nor "P	nted to the ED (emergency 28/07 at 0950 hours, with a headache (comes and goes) usea. At the time of triage, atient described that he was re pain, that scored nine out of one to 10, with 10 being the patient described that the pain back of his head and that it omiting. The patient was acuity of three. Per hospital three indicated the patient had injury, but was stable. Itient #50 was taken to the tursing assessment at that time gait ", pupil sizes of 33 and 31 oma Scale score of 15 was ardized series of observations pain, orientation and speech.	A		Immediate Actions: A protocol has been established to requatients with specific neurosurgical clin receive timely transfer (Attachment). The emergency medicine attending physician) at MLK-H will identify programmed the properties of the patient needing transfer of the patient needing transfer of the patient needing transfer of the patient of the patient flow receiving facility regarding the need transfer. The Patient Flore Manager at the promptly contacts the neurosurged arranges the physician-to-physician physician at MLK-H speaks directing neurosurgeon at the receiving facility regarding the need transfer. The Patient Flore Manager at the promptly contacts the neurosurgeon at the receiving facility regarding the need transfer of the physician of the provided a brief summary of the provi	ical condition g (ED atients requir on specific fow Manager r, informing sfer. selving facility sintains. Manager at the d for the receiving facility sintains. Manager at the d for the receiving facil on on cal and on contact. EC y with lity and atient's finding serving e capability of thee of the ED o the pre- w Managers the transfer y uments and the patient. at there is AN' shall contact ceiving facility seled the te for oing gardless of ntained by lisciplinary review all on this log, to	6/15/07 ng ie ity

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heter with of fourth tumo comply brain of the imag comply tumo Mode the base of the count of the	caudal extension ventricle." To reasuring a pressing the interesting in interesting interesting in interesting in interesting	ss near the region of the pineal on to a level near the proximal he scan revealed a brain pproximately 2.5 cm. ternal circulation of fluid in the ternal swelling from dilatation ystem of the brain. An MRI was recommended and onfirmed the presence of a region of the pineal gland.	A	407	that have taken place based on this log issues identified from completed transf patients waiting for transfer, and to upo of patients requiring transfers. Any new patients who are pending transfer will be part of this process. • MLK-H has identified a medical addirector in charge of patient flow. Flow Manager notifies Medical Adwhenever there are impediments to patient, including a neurosurgical timely manner. The medical admir will assure that there is high-level contact with potential receiving inseffort to expedite transfer. Monitoring: The Patient Flow Manager maintains a transfers. Data regarding patient transfaggregated and presented to QPIC and Council and Executive Committee and Governing Body where appropriate. The ED nurse manager counseled the the morphine 4 mg, but did not docume the medication administration. ED nurse manager educated all ED recon the requirements to record the resumedication administration. Permanent Actions: The monitoring plan set forth below with assure the continuing effectiveness of actions. ED nurse manager will address with responsible personnel. Monitoring: Utilization Review nurses will randomly charts weekly to assess for document assessment and reassessment. The reaudit are reported to QPIC. Deficiencial reported to the ED nurse manager for action plan; then reported to the Exect and the Governing Body as appropriat.	ers, to facilitate the statu trosurgical be reviewed a dministrative This Patient ministration to transferring patient, in a nistrative staf physician stitutions in a log of patien fers is d to the Qual then to the RN who gave ent the result gistered nurs lits of pain sults of pain sults of the es will be a corrective at ore Committe e.	te s s a f n t ty of ee ee	

	F CORRECTION	IDENTIFICATION NUMBER:	A. BU			COMPLET	
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A 407	note. The consultar "Stat MAC transfer service" was required A written order for "facility was provided attending ED physic written documentation actually spoken with clinical situation of I receiving hospital the #50. Documents correvealed that Patier consent on 2/28/07. At 0350 hours on Marevealed that Patier Dilaudid (narcotic providence that a ED assessed the neuron A nursing re-assessed that performed and the had improved.	liations requiring a written tion request form revealed that to a facility with neurosurgical ed. MAC transfer to Neurosurgical d at 1717 hours by the cian. There was, however, no ion that any physician had n or discussed the emergent Patient #50 with a proposed of facilitate transfer for Patient intained in the medical record at #50 signed a transfer	. A	407	The ED Medical Director informed ED ph department meeting, and followed-up will directive to all ED physicians, that they weresponsible for assessing all active patie patients waiting for transfer at the begins shift. They were also informed of their remeet with oncoming physicians at the enprovide appropriate information as part of process. Physicians were also reminded the patient's condition at change of shift document that the patient's care was transcoming physician (Attachment). An outside consultant I provided reinforct to all ED nursing leadership on the impopatient advocacy, particularly as it relate command and nurse-to-physician committee monitoring process set forth below wassure the continuing effectiveness of the actions. The ED Medical Director will addeficiencies with responsible personnel. Monitoring: Ten charts will be randomly reviewed eavalidate the presence of attendings and documentation of physician involvement change of shift. Deficiencies will be addied ED Director, Results of these audits will the Physician Performance Improvement which will review and create corrective a necessary. This data will then be reported.	nysicians at a th a written were ents and ning of each sponsibility to do fit the pass on to document and to ensferred to the ing education at the corrective dress will be used to validate the at least at the ressed with the provided to the committee cotion as ed to Medical	6/9/Ö7
	at 0730, 0900,1100 These nursing assectange in the status assessments indicate move all four ext	, 1300, 1500, and 1830 hours. essments documented no s of Patient #50 These ated that Patient #50 was able remities and remained alert. sments were documented.			Executive Committee and to the Govern appropriate. Immediate Actions: The Interim Chief Medical Officer ordere Department Chiefs to discontinue the proposition Assistants for consultations in consultations will be performed by an attachment).	ed all MLK actice of using the ED. All E	6/14/07 3 D
	Review of the medi patient was assess	ed in the ED until 3/3/07. cal record revealed that the ed by nursing staff and ed Dilaudid and morphine to			The ED nurse manager provided a letter IED RNs that Physician Assistants cannonsults (Attachment).	ot provide	
,				E-	The Interim Chief Medical Officer Instruc- menageneous Chies to ensure that all atte- physicians are aware of the need to do	ending	7/5/07
HM CMS-25	i67(02-99) Previous Versions	Obsolete Event ID:7TE811		Fa	physicians are aware of the need to out		age 23 of 32

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A 407	assessments includidentify the intensity pain radiation, qualidull, burning) and cestablished hospital failed to provide dorphysicians provided care. Except for the did not see the pation of 3/3/07 at 0725 hidentified that Patie headache pain. Intensity of pain as patient received Dil Although a physicial pain medication, the failed to contain do ED physician evaluation of the that after three day transfer to another out AMA (against not treatment elsewher against Medical Ad incomplete. In additable to complete. In additable to complete.	le pain. The nursing pain led only a numerical score to of pain but failed to identify ity (ache, throbbing, sharp, constancy as required by I policy. The medical record cumented evidence that ED is on-going assessments and enitial consult, the neurologist ent again. Incours, nursing documentation of the patient was recorded as as not given pain medication cation interventions provided. Into the patient was not evaluated a symptom by a physician. Incours of pain was recorded as as not given pain medication cation further identified that no however, the very next of (complaint of) blurred vision. The patient was not evaluated a symptom by a physician. In order was obtained of the patient's medical record cumented evidence that the	Α.	tt ccccc triple of triple	remanent Actions: The monitoring process described below assure the continuing effectiveness of corrective actions. The chair of the releveneration of the next so days, Monday through Five partment will address with responsible efficiencies. Wonitoring: The next 30 days, Monday through Five process in the ED to validate that consultations in the ED to validate that consultations note and that the consultation in the Chair of the relevant department will increase in the ED nurse manager provided educated in the ED murse manager provided educated in the ED Medical Director provided educated in the ED Medical Director provided educated in the ED Medical Director provided educated in the end in t	these ant consulting a personnel riday, UR RN nedical ts were is a consulting n was timely. I be notified o ction. tion to all ED umentation. tion to ED which include ts level of ent regarding spital. The d be provided thment). will be used these er, or the ED ess e reviewed discharge iciencies will revisor and ch will review essary. This Council and	

Facility ID: CA060000035

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING		(X3) DATE SURVEY COMPLETED				
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A 407	on 6/1/07 and 6/5/05 staff regarding the assurance, identifie received by Patient appropriate. The hoprovide any and allepatient's care as we reviews. A case review summareceived at 1340 hoprovide and assessment assessment assessment assessment at there was a system of the system	dient had been assessed by a beived discharge instructions. O7 discussions with hospital care of Patient #50 and quality di that the medical care #50 was deemed to be spital was requested to documentation related to the last any quality of care was on 6/5/07. The case failure of the ED physicians to ents of Patient #50 for three of the summary identified them wide plan to provide the seand to streamline the patients between hospitals.	A 4		Monthly, the HIM director or design data on the number of patients "Let to the ED Collaborative Committee which will review and create correnecessary. This data will then be a Quality Council and Executive Conthe Governing Body as appropriate. For the next two months or until stawill review ten randomly selected records of ED patients who left AM documentation conforms to the podeficiencies will be reported to the Collaborative Committee, which we corrective action as necessary. The reported to the Performance Improcommittee and to the Executive Committee and to the Executive	eft Before See and QPIC, ctive action a reported to it mmittee and e. able QI nurse closed medic MA to verify tillicy. a ED ill create his data will be overment	en" e to s al nat
	against medical advance been implement. 2. Patient #69 prese department on 3/8/0 complaint of stomace weeks. The nurse din all four quadrants patient's back. It was had multiple episode today. The patient is severe with a score identified that the paconstant and that no pain was further deswith a pressure sense.	ented to the emergency 17 at 2242 hours, with a chief 18 pain for the past two 18 ocumented that the pain was 18 and radiated in to the 18 so of nausea and vomiting 18 lentified her pain as being 19 of 10 out of 10. The patient 10 in she was experiencing was 10 othing provided relief. The 18 ceribed as aching and burning			mmediate Actions: A multidisciplinary team of ED physician nurses reviewed the current triage procesult of that review, the triage policy was hat the triage registered nurse notifies no provider if the patient is experiencing pathan 7/10 and follows physicians order to nedication for pain relief regardless of trevel. The ED nurse manger provided in-service evised triage policy #114. The ED nurse manager provided educations on the requirement to notify physicians of the requirement to notify physicians or the requiremen	ess. As a - es revised so nedical in greater o initiate pair riage acuity ee on the ion to all ED ans of all lencing pain	6/5/-6/14/07

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A 407	moaning and had fawere recorded as Theart rate 97, respin was 133/59. No treat alleviate pain or reditine of triage. The pattern of triage. The pattern of triage as having illness. Two hours later, at signs were re-assest temperature of 102, respirations 20 and as 118/62. The pattern of 102 and as 118/62. The pattern of the triage of tri	acial grimacing. Vital signs emperature 102.8 degrees, rations 24 and blood pressure atment was provided to uce the patient's fever at the patient was assigned a triage gory or Level 3 patients are grant as a stable major injury or 2040 hours, Patient #69's vital seed. The patient had a 4 degrees, heart rate 102, blood pressure was recorded ent continued to experience ain. No treatments were a area. Datient was transferred to the patient continued to have ed as 7/10. The patient on 220 hours, the patient was ecreased pain. At 0400 hours, ion revealed that the patient are and was waiting for the This was approximately e was taken to the treatment evaluated by a physician until ient was described as having noderate to severe distress. Ed to experience severe pain tient experienced severe pain tient experienced severe pain	A 4	ю7	Permanent Actions: The monitoring process described belot to assure the continuing effectiveness corrective actions. The ED nurse mana address deficiencies with responsible process. The ED nurse manager or designee with randomly selected charts each week to patient for appropriateness of pain interest on pain score. Deficiencies will be add ED nurse manager. Data from the week perseented to the QPIC monthly, which evaluate it, create corrective actions as and report it to the Quality Council and Committee and as appropriate, the Gor Positions Responsible: ED Nurse Manager	of these ager, will personnel. Il review ten o assess ED revention bas ressed by the kly reviews vich will a necessary.	eđ : vili

PRINTED: 06/22/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING B. WING 050578 06/07/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 12021 S WILMINGTON AVE LAC/MARTIN LUTHER KING JR GEN HOSPITAL LOS ANGELES, CA 90059 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) A 407 Continued From page 26 A 407 Immediate Actions A multidisciplinary team of ED physicians and ED services to undergo an exploratory laparotomy. 6/18/07 nurses reviewed the current triage process. As a result of the review, the triage policy was revised 3. The medical record for Patient #26 so that the triage registered nurse notifies documented the teenager presented to the medical provider if the patient is experiencing pain ≥ 7/10 and follows physicians order to emergency department (ED) at 2355 hours on initiate pain medication for pain relief. 2/12/07 with right abdominal pain. He was triaged (Attachment O). by the nurse and determined to have pain of 10 6/18/07 The ED nurse manager provided in-service on the on a 1-10 scale (10/10). His oxygen saturation revised triage policy #114. (Attachment O) 6/19/07 level was 100%, his pulse 95 respirations were 18 The ED nurse manger provided education to all ED RNs on the requirement to notify physicians 7/5/07 and his blood pressure was 113/69. At 0040 of all patients waiting to be seen that are hours the nurse documented the patient was experiencing pain which requires interventions complaining of difficulty breathing. The nurse based on the pain policy. (Attachment N&B) documented he had wheezing in his lungs, his Permanent Actions: respiratory rate was 22, blood pressure was The monitoring process described below will be used 135/70, oxygen saturation was 97% and that he to assure the continuing effectiveness of these was anxious and restless. There was no corrective actions. The ED nurse manager, will documentation about why he was left in the lobby address deficiencies with responsible personnel. of the ED. No pain medication or other pain Monitoring: relieving interventions were provided. There was The ED nurse manager or designee will review ten no re-assessment of the patient until he was randomly selected charts each week to assess ED taken to a treatment area five hours later. At patients for appropriateness of pain intervention based on pain score. Deficiencies will be addressed by the 0530 hours on 2/13/07 his pain was 8/10. At ED Nurse Manager. Data from the weekly reviews will 0645 hours laboratory tests and pain medication be presented to ED Collaborative Committee and will were ordered for Patient #26. The pain also be presented to the Performance Improvement medication was administered at 0840 hours; Committee monthly, which will evaluate it, create approximately 8 and 1/2 hours after he presented corrective actions as necessary, and report it to the Executive Committee and as appropriate, the to the ED. The laboratory test results were not Governing Body. available until 2100 hours. This was approximately 14 hours after they were ordered Positions Responsible: and 19 hours after Patient #26 came to the ED. Chief Nursing Officer ED Nurse Manager There was no documented evidence the nursing or medical staff were following-up to ensure the

laboratory test results were obtained. During interviews on 6/1/07 medical staff stated this

showed she presented to the emergency department at 1030 hours on 3/20/07 for

4. a. The medical record for pediatric Patient #36

patient "fell through the cracks."

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MOLTIPLE CONSTRUCTION (X3) DATE SORVEY COMPLETED				
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A 407	vomiting, lethargy, on had a history of a volumentation should be cause the patient was no documented consultation and mar on an urgent basis the shunt. Since ne available at the host transfer to another emergency department was no documented was contacted or the radiable. The patient available. The patient available. The patient available at the host transfer the patient available. The patient available. The patient available at the patient available at the patient available. The patient available are the patient available at the patient available. The patient available are the patient available and the patient available. The patient available are the patient available are the patient available. The patient available are the patient available are the patient and/or treatment ur hours after Patient. 5. The medical receive the presented to the with left flank pain.	cough and congestion. She entriculoperitoneal shunt for began to feel bad after a visit umentation shows the transformation and/or infection a	A.		Immediate Actions A protocol has been established to require patients with specific neurosurgical clinical receive timely transfer, (Attachment) The emergency medicine atten physician) at MLK-H will identify requiring neurosurgical intervers specific guidelines. The ED physician or the Patient will then contact the MAC open him/her of the patient needing to MAC determines the accepting based on a rotation schedule it MAC will contact the Patient Flow the receiving regarding the need transfer. The Patient Flow Manager at the facility promptly contacts the needling and arranges the physician contact. ED physician at MLK-directly with neurosurgeon at the facility and provided a brief sumpatient's findings. Any clinical suggestions by the neurosurgeon, which are within of the hospital and the scope of ED physician, will be incorporal transfer plan of care. The respective facility Patient I shall work with MAC to coordin via ACLS transport. All appropriate and completed imaging studies shall accompating studies shall accompated imaging studies shall accompated imaging studies of patient for the ED physician determines ANY impediment to the transfer contact the Chief Medical Offic receiving facility to facilitate the MLK-H has identified a medical Director in charge of patient flow Manager notifies the medical administrative Director whenever impediments to transferring a pareorsurgical patient, in a ting the medical administrative Director whenever impediments to transferring a pareorsurgical patient, in a ting the medical administrative Director whenever impediments to transferring a pareorsurgical patient, in a ting the medical administrative Director whenever impediments to transferring a pareorsurgical patient, in a ting the medical administrative Director whenever impediments to transferring a pareorsurgical patient, in a ting the medical administrative Director whenever impediments to transferring a pareorsurgical patient, in a ting the medical administrative Director whenever impediments to transferring	al conditions ding (ED y patients ntion based on at Flow Manage ator, informing transfer. /receiving facil maintains. ow Manager a ad for the ne receiving eurosurgeon o a-to physician H speaks ne receiving nmary of the receiving the capability f practice of th ted into the pre flow Managers ate the transfe documents an any the patient that there is ar he/she shall the at the transfer. It administrativ www. This Patient itical ver there are catient, including nely manner. ector will assu an contact with	ity

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A 407	vomiting, lethargy, had a history of a very hydrocephalus and to the dentist. Doo presence of a shur was being ruled out ordered. At 1230 to saw the patient to present a neurolot the PA documente consultation with the evaluation and make on an urgent basis the shunt. Since no available at the host transfer to another emergency departs was no documented was contacted or the transfer the patient available. The patient available. The patient available. The patient available at the host transfer the patient available. The patient available are the patient available are the radiological transfer to the radiological transfer transfer to the radiological transfer transfer transfer to the radiological transfer transfer transfer transfer transfer transfer transfer tran	cough and congestion. She ventriculoperitoneal shunt for I began to feel bad after a visit sumentation shows the at malformation and/or infection at. A neurology consult was the physician's assistant (PA) perform the neurology e was no documented ogist saw the patient; however, at the recommended plan, in the neurologist, would be nagement by a neurosurgeon to assess the functioning of eurosurgeons were not epital the PA recommended hospital. The child was in the ment until 2200 hours but there are evidence a neurosurgeon to a hospital with this service ient was discharged to the	A 407	The Interim Chief Medical Officer notification pediatric urgent care physicians the follow the "Neurosurgical Patients at MI Hospital" transfer process for any pedia presenting in the Pediatric Urgent Care neurosurgical emergency. With respect to all patient transfers, regardiagnosis, a transfer log is maintained by Flow Manager. A multidisciplinary group through Friday to review all transfers that place based on this log, to resolve any is from completed transfers, to facilitate patransfer, and to update the status of patierransfer. Any neurosurgical patients who transfer will be reviewed as part of this patransfers. Data regarding patient transfer and to the Executive Committee and the Governing Body where appropriate. Each month for the next six months the rof a minimum of 10 patients, or, if fewer, pediatric patients presenting to the Pediatric patients presenting to the Pediatric to the Medicine Performance Improvement to the Medicine Performance Improvement propriate, and to the Physician Perfor Improvement Committee for corrective a necessary. As appropriate actions will be Executive Committee and Governing Body executive Committee and Committee Committee Commi	at they must LK-Harbor tric patient with a potential rdless of patient MLK-H Patient meets Monday thave taken sues identified dients waiting or ents requiring are pending rocess. og of patient rs is aggregated ent Committee n to the medical records 100% of atric Urgent care iewed by the Deficiencies will rics and referred ent Committee, as mance ctions if e reported to the	

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A 407	triage nurse docum 1730 hours the nursessessment of the evaluated by a physical notation of the evaluated by a physical notation of the evaluated by a physical notation of the presented to the was provided to Padocumented that he hours on 5/12/07. 6. The medical reconstruction of the Elfonting during he was 2 months pregulating during he was 2 months pregulation of the treatment area 2 he being seen to determ the determination of the treatment area of the triaged by the nurse documented evider how much the paties taken to the treatment at 1730 hours. No was given. Her me conducted by a phy passed the product an ultrasound done	otoms. At 1448 hours, the ented his pain was 8/10. At see documented the first full patient. The patient was sician's assistant. There was dence a physiclan saw Patient in was not administered to 0 hours, 9 and 1/2 hours after ER. No further treatment	A	407	Immediate Actions: A multidisciplinary team of ED physic nurses reviewed the current triage prevised so that the triage registered medical provider if the patient is exp≥ 7/10 and follows physicians order medication for pain relief (Attachme The ED nurse manager provided insrevised triage policy #114. (Attachme The ED nurse manger provided educe RNs on the requirement to notify physiciants waiting to be seen that are pain which requires interventions be pain policy (Attachment N). The ED Nurse Manager provided educe ED staff regarding the requirement administering pain medication in a traccordance with policy (Attachment Permanent Action: The monitoring described below will be used the continuing effectiveness of these effectiveness effectiveness effectiveness effectiveness effectiveness effectiveness effectiveness effectiveness effectivenes	process. As a policy was nurse notifies before noting pair to initiate pair in the number of the num	6/18/07 6/5/07 6/8/07
	4/30/07 at approxin	to the ED of the hospital on nately 1207 hours. When irs she identified she had					•

PRINTED: 06/22/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 050578 06/07/2007 JAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 12021 S WILMINGTON AVE LAC/MARTIN LUTHER KING JR GEN HOSPITAL LOS ANGELES, CA 90059 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (X5) COMPLETION (X4) ID FACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX EACH CORRECTIVE ACTION SHOULD BE PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) ED Nuise Manager province education to all ED RNs on the requirement to notify A 407 Continued From page 29 A 407. physicians of all patients waiting to be seen 6/19/076/19*/*0 that are experiencing pain, which requires share pain of 10 on a 1-10 scale. No pain intervention based on the pain policy. This intervention were initiated in the triage area. The information must be documents in the patient's patient was taken to the treatment area five hours medical record (Attachment H). later at 1815 and received pain medication one A multidisciplinary team of ED physicians and hour later. Approximately 20 hours after she ED nurses reviewed the current triage process. As a result of that review, the triaging process presented to the ED, at 0830 hours on 5/1/07, a was re-designed to provide for amore timely general surgery consultation was provided to medical screening examination. This process evaluate the acute abdominal pain for Patient #2. includes the following: The closed medical record for Patient #2 revealed The triage nurse and registration clerk are co-located so that the "Dr."at bedside. However, review of the record triaging process and the registration revealed that the general surgery consultation process can occur simultaneously. had been provided by a Physician Assistant A physician will be available to the (PA-C). There was no documentation to reveal triaging area to perform immediate that provision of emergency consultations by a medical screening examinations for patients who are identified as a Level PA-C was approved and consistent with the rules Upon completion of the medical and regulations, the medical staff bylaws of the screening examination, based on the hospital, and the credentialing process of a patient's clinical presentation, tests mid-level practitioner. The patient was admitted and treatments (including pain management) will be ordered and to the hospital and had surgery for an exploratory carried out. laparotomy ventral hemia repair. Patients who are identified as a Level 1 and 2 at the time of triage 8. Patient #3 came to the emergency department will be brought back to the emergency treatment area. At the of the hospital at approximately 2040 hours on time of arrival, the ED charge nurse 4/30/07. Patient #3 stated that he was seeing will notify the physician of the aliens and devils. He was dropped off by his patient's arrival by placing the family. At triage the nurse documented the patient's pseudo name on the white patient had suicidal ideations with a plan to drink board along with the patient's priority bleach. The nurse triaged the patient as a number. The physician will acknowledge the patient by initialing category 3 (stable major illness) and left him in the white board and will perform the the lobby for over one hour before taking him medical screening examination as back to the treatment area. Patient #3 was soon as possible. If a patient's condition is critical the RN will evaluated by the emergency department

physician at 0500 hours on 5/1/07, a delay of

almost 7 hours. No psychiatric treatment or

consultation was provided. Approximately 6

evaluation by a mental health professional was

requested. The mental health evaluation was not

completed until four hours later at 1500 hours; 17

hours later, at 1055 hours on 5/1/07, an

RM CMS-2567(02-99) Previous Versions Obsoleto

verbally notify the physician.

The Chief Medical officer notified the

ED Medical Director that physician

assistants shall no longer perform

The ED Medical Director informed

that they may no longer perform

each physician assistant, by e-mail,

medical screening examinations

(Altchment B).

Facility ID: CA060000035

8/8/07

5/7/07

		I AND HUMAN SERVICES				FORM.	06/22/2007 APPROVED 0938-0391
ATEMEN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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A 407	sharp pain of 10 or intervention were in patient was taken to later at 1815 and responsible to the Elemental surgery control evaluate the acute. The closed medica "Dr." at bedside. He revealed that the good (PA-C). There was that provision of en PA-C was approve and regulations, the hospital, and the control evaluation of the provided (PA-C) and the control evaluations.	a a 1-10 scale. No pain nitiated in the triage area. The of the treatment area five hours of the treatment area five hours eccived pain medication one imately 20 hours after she D, at 0830 hours on 5/1/07, a resultation was provided to abdominal pain for Patient #2. If record for Patient #2 revealed owever, review of the record eneral surgery consultation by a Physician Assistant is no documentation to reveal the regency consultations by a d and consistent with the rules in medical staff bylaws of the redentialing process of a er. The patient was admitted had surgery for an exploratory	Α.		Permanent Action: The monitoring processes described bused to assure the effectiveness of the actions. Monitoring: Ten randomly selected medical record eviewed daily to track the time from the medical screening examination. Data it daily reviews will be presented to the I Collaborative Practice Committee and will be re-evaluated as a result of the Will also be presented to the Performan Improvement Committee monthly, whice evaluate it, develop corrections action recessary, and report it to the Execution as appropriate to the Governing but the Executive Committee concludes the process is stable, the daily record review. Position Responsible: ED Medical Director ED Nurse Manager	Is will be riage to from these ED the process review. Data nce ch will s as ve Committee ody. Once lat the	
	of the hospital at a 4/30/07. Patient # aliens and devils. family. At triage the patient had suicidate bleach. The nurse category 3 (stable the lobby for over a back to the treatment evaluated by the ephysician at 0500 laimost 7 hours. No consultation was phours later, at 105 evaluation by a merequested. The median in the suicidal at a 105 later.	e to the emergency department opproximately 2040 hours on 3 stated that he was seeing He was dropped off by his e nurse documented the I ideations with a plan to drink the triaged the patient as a major illness) and left him in one hour before taking him tent area: Patient #3 was mergency department hours on 5/1/07, a delay of the psychiatric treatment or rovided. Approximately 6 hours on 5/1/07, an ental health professional was ental health evaluation was not in hours later at 1500 hours; 17				, , , , , , , , , , , , , , , , , , ,	

ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE ST (X3) DATE ST (X4) PROVIDER/SUPPLIER/CLIA (X4) MULTIPLE CONSTRUCTION (X3) DATE ST (X4) PROVIDER/SUPPLIER/CLIA (X4) MULTIPLE CONSTRUCTION (X3) DATE ST (X4) PROVIDER/SUPPLIER/CLIA (X4) PROVIDER/SUPPLIER/CLIA (X5) MULTIPLE CONSTRUCTION (X6) DATE ST (X6) PROVIDER/SUPPLIER/CLIA (X6) MULTIPLE CONSTRUCTION (X6) DATE ST (X6) PROVIDER/SUPPLIER/CLIA (X6) MULTIPLE CONSTRUCTION (X6) DATE ST (X6) PROVIDER/SUPPLIER/CLIA (X6) PROVIDER/SUPPLIE		
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A 407 Continued From page 30 hours after he presented to the ED. The mental health professional determined the Patient #26enied being suicidal at the time of the evaluation. Patient #3 was discharged home at 2100 hours without receiving treatment. The hospital thus failed to ensure that the provision of emergency services had been provided within timeframes consistent with acceptable safety for psychiatric patients. 9. The medical record for Patient #9 showed she presented to the ED at approximately 1400 hours on 4/30/07 complaining of having a glass object "stuck" in her vagina. She complained of moderate aching pain. The nurse documented a PA-C saw the patient in triage at 1540 hours, but there was no documentation by the PA-C about the determination if an emergent medical condition existed. There was no treatment ordered or provided for the patient's pain. There was no documented re-assessment of Patient #9, until approximately 8 and 1/2 hours later, when a nurse saw her. A gynecological examination of the patient was ordered by the PA-C at approximately 2100 hours. The nurse documented at approximately 2100 hours. The nurse documented at a exam was done by a physician but there was no documentation by a member of the medical staff of the patient's condition and/or treatment received. The patient was discharged at 2230 hours. The discharge instructions were written by the PAC. 10. Additional review of the medical record for Patient #29 identified she came to the ED with the paramedics at approximately 1700 hours on 4/28/07, after taking 10 Elavit pills (antidepressant) in a suicide attempt. There was a one-hour delay in the medical screening examination or delay in the medical extendition and yot the paramedics at approximately 1700 hours on 4/28/07, after taking 10 Elavit pills (antidepressant) in a suicide attempt. There was a one-hour delay in the medical screening examination of the paramedics at approximately 1700 hours on 4/28/07, after taking 10 Elavit pills (antidepressant) in a suicide attempt.		

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paramedics at approximately 1700 hours on

(antidepressant) in a suicide attempt. There was a one-hour delay in the medical screening examination and any stabilizing treatment. The

4/28/07, after taking 10 Elavil pills

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LAC/MAI	ROVIDER OR SUPPLIER	R GEN HOSPITAL.			TREET ADDRESS, CITY, STATE, ZIP CODE 12021 S WILMINGTON AVE LOS ANGELES, CA 90059 PROVIDER'S PLAN OF CORRECT	TON	Ve
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY		(X5) COMPLETION DATE	
A 407	health professional #26enied being suidevaluation. Patient 2100 hours without hospital thus failed emergency services timeframes consisted psychiatric patients. 9. The medical recopresented to the EL on 4/30/07 complain "stuck" in her vaging moderate aching parameter was no documented there was no documented an existed. To ordered or provided was no documented until approximately nurse saw her. A gother patient was ordered an example there was no documented an example the patient received. 10. Additional review paramedics at approximately identified paramedics at approximately in a one-hour delay in a one-hour delay in	ented to the ED. The mental determined the Patient cidal at the time of the #3 was discharged home at receiving treatment. The to ensure that the provision of a had been provided within ent with acceptable safety for ord for Patient #9 showed she at approximately 1400 hours ning of having a glass object a. She complained of ain. The nurse documented a not in triage at 1540 hours, but an emergent medical here was no treatment an emergent medical for the patient's pain. There is re-assessment of Patient #9, 6 and 1/2 hours later, when a synecological examination of ered by the PA-C at hours. The nurse am was done by a physician occumentation by a member of the patient's condition and/or The patient was discharged discharge instructions were saw of the medical record for ed she came to the ED with the oximately 1700 hours on	Α.	407	A multidisciplinary team of ED phys ED nurses reviewed the current tria As a result of that review, the triagly was re-designed to provide for and medical screening examination. The includes the following: The triage nurse and regicler are co-located so the triaging process and their process can occur simultating of a physician will be available triaging area to perform in medical screening examination, but patients who are identified a. Upon completion of the screening examination, but patient's clinical presentate and treatments (including management) will be ordered out. Patients who are identified Level 1 and 2 at the time of will be brought back to the emergency treatment area time of arrival, the ED chair will notify the physician of patient's arrival by placing patient's pseudo name on board along with the patient number. The physician will acknowledge the patient by the white board and will pemedical screening examinates soon as possible. If a patient condition is critical the RN verbally notify the physician of the Chief Medical officer of ED Medical Director that physician screening examinated ascreening examinated	ge process. Ing process Ing process In timely In process In timely In timely In time In time	Page 31 of 32

		I AND HUMAN SERVICES & MEDICAID SERVICES			•	FORM	: 06/22/2007 APPROVED : 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1.	(X2) MULTIPLE CONSTRUCTION A. BUILDING			URVEY
•		050578	B. WII	B. WING			C 7/2007
NAME OF P	ROVIDER OR SUPPLIER		- 1 -	s	TREET ADDRESS, CITY, STATE, ZIP CODE		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
LAC/MAR	RTIN LUTHER KING J	IR GEN HOSPITAL			12021 S WILMINGTON AVE LOS ANGELES, CA 90059		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ΞIX	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
A 407	Continued From pa patient was later ad transferred to a psy	mitted to the hospital then	A	40	7 Permanent Action: The monitoring processes described used to assure the effectiveness of t actions.	below will be tese corrective	
					Monitoring: Starting July 1, 2007, Utilization Rev review at least 15% of patients week trend data from arrival to triage and screening exam. Time of arrival to tis tracked electronically through the for all patients and trended weekly. goes to the Emergency Department Committee for evaluation. The repointe ED Committee and the Quality/Pumprovement Committee (QPIC), while to the Executive Committee (QPIC), while to the Executive Committee Governous Position Responsible: ED Medical Director ED Nurse Manager	ly to track and arrival to medi arrival to medi arrival to medi ime of dischar; Affinity System The Informatic Collaborative rts will go to be erformance for will report to the council of the will report to the council of the council of the second council of the council of th	cal ge n on oth
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